DOCUMENT RESUME

ED 392 867 UD 030 828

AUTHOR	Wattenberg, Esther, Ed.
TITLE	Children in the Shadows: The Fate of Children in Neglecting Families. Proceedings of the Conference (Minneapolis, Minnesota, April 15, 1994).
INSTITUTION	Minnesota Univ., Minneapolis. Center for Advanced Studies in Child Welfare.; Minnesota Univ., Minneapolis. Center for Urban and Regional Affairs.
SPONS AGENCY	Bush Foundation, St. Paul, Minn.; Minnesota State Dept. of Human Services, St. Paul.
REPORT NO	CURA-95-6
PUB DATE	95
NOTE	133p.
PUB TYPE	Collected Works - Conference Proceedings (021) -- Reports - Evaluative/Feasibility (142)
EDRS PRICE	MF01/PC06 Plus Postage.
DESCRIPTORS	Child Abuse; Child Development; Childhood Needs; *Child Neglect; Child Welfare; *Community Programs; Evaluation Methods; *Family Problems; Outcomes of Treatment; Policy Formation; Program Descriptions; *Public Policy; *Social Services

ABSTRACT

This collection of papers is drawn from a conference dedicated to children suffering from the harm associated with being born to neglecting families, a circumstance that has emerged as the most challenging phenomenon for the child welfare system. Papers consider the dimensions of the problem, treatment models, policy considerations, and recent trends. Papers include: (1) "Introduction. Neglected Children: Killing Them Softly" (Esther Wattenberg); (2) "Overview of the Conference Papers" (Esther Wattenberg); (3) "Alive but Not Well: An Overview of Policy, Program, and Practice Concerns with Neglecting Families" (Jeanne Giovannon); (4) "Testing the Community Standard on Neglect: Are We There Yet? Findings from a First-Stage Survey of Professional Social Services Workers" (Esther Wattenberg and Laura Boisen); (5) "Reconceptualizing Social Support: The Results of a Study on the Social Networks of Neglecting Mothers" (Sandra Beeman); (6) "Risk Assessment: What Do We Know? Findings from Three Research Studies on Children Reported to Child Protective Services" (Diana English); (7) "Throwing a Spotlight on the Developmental Outcomes for Children: Findings of a Seventeen-Year Follow-up Study" (Martha Farrell Erickson and Byron Egeland); and (8) "Testing Two Innovative Approaches: Summaries of Practice Project Presentations Given at the Conferences: 1. Amplifying Choice for Neglecting Families: Early Findings from a Research Study" (Philip AuClaire); 2. "Empowering Families To Disconnect from Public Agencies as They Find Resources within Their Own Communities" (Nancy Schaefer and Charles E. Jackson). References follow each paper. (Contains 17 tables.) (SLD)

ED 392 867

Children in the Shadows:

The Fate of Children in Neglecting Families

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☒ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

J. Weir

CURA

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Proceedings of the conference held April 15th, 1994 at the University of Minnesota

edited by Esther Wattenberg

(1) 030828

A joint publication of the Center for Advanced Studies in Child Welfare and the Center for Urban and Regional Affairs, Minneapolis

UNIVERSITY OF MINNESOTA

BEST COPY AVAILABLE

Children in the Shadows:

The Fate of Children in Neglecting Families

Proceedings of the conference held April 15th, 1994 at the University of Minnesota

edited by Esther Wattenberg

A joint publication of the Center for Advanced Studies in Child Welfare and the Center for Urban and Regional Affairs, Minneapolis

UNIVERSITY OF MINNESOTA

A publication of the Center for Urban and Regional Affairs, 330 HHH Center, 301 19th Ave. S., Minneapolis, MN 55455.

The content of this report is the responsibility of the authors and is not necessarily endorsed by CURA.

1995

Publication CURA 95-6

This report is not copyrighted. Permission is granted for reproduction of all or part of the material, except that acquired with permission from other sources. Acknowledgment would, however, be appreciated and CURA would like to receive two copies of any material thus reproduced.

Table of Contents

Acknowledgments

Introduction. Neglected Children: Killing them Softly
Esther Wattenberg 1

Overview of the Conference Papers
Esther Wattenberg 11

Alive But Not Well: An Overview of Policy, Program, and Practice Concerns with Neglecting Families
Jeanne Giovannon 19

Testing the Community Standard on Neglect: Are We There Yet? Findings from a First-Stage Survey of Professional Social Services Workers
Esther Wattenberg and Laura Boisen 31

Reconceptualizing Social Support: the Results of a Study on the Social Networks of Neglecting Mothers
Sandra Beeman 61

Risk Assessment: What Do We Know? Findings from Three Research Studies on Children Reported to Child Protective Services
Diana English 85

Throwing a Spotlight on the Developmental Outcomes for Children: Findings of a Seventeen-Year Follow-up Study
Martha Farrell Erickson and Byron Egeland 113

Testing Two Innovative Approaches: Summaries of Practice Project Presentations Given at the Conference 127

1. Amplifying Choice for Neglecting Families: Early Findings from a Research Study
Philip AuClaire 127

2. Empowering Families to Disconnect from Public Agencies as They Find Resources Within Their Own Communities
Nancy Schaefer and Charles E. Jackson 128

Contributors 131

Acknowledgments

This collection of papers, drawn from the conference, "Children in the Shadows: The Fate of Children in Neglecting Families," held in April 1994 at the University of Minnesota, represents the collective efforts of several colleagues.

We owe a debt of gratitude to the authors who translated their presentations to the conference into written, publishable papers.

The outstanding editorial assistance of Yvonne Pearson, a second-year student in the School of Social Work deserves a special note of thanks. The skillful work of Judith Weir, editor of publications for the Center for Urban and Regional Affairs, is also acknowledged.

The support staff, Mary Kaye LaPointe, Chris McKee, and Louise Duncan provided invaluable assistance in their attention to the details of putting the volume together.

Finally, this volume was made possible by the generous contributions of the following: the Bush Foundation; the Family and Children's Services Division of Minnesota's Department of Human Services; and the University of Minnesota's School of Social Work and Center for Urban and Regional Affairs.

We appreciate their strong support of this tangible reminder that "Children in the Shadows" require attention.

Esther Wattenberg
July 1995

Introduction
Neglected Children: Killing Them Softly

by Esther Wattenberg

This conference was dedicated to children suffering from the insidious harm associated with the fate of being born to neglecting families. The circumstance of children in neglecting families has emerged as the most challenging phenomenon for the child welfare system. We have thousands of children who live in a mix of hazardous life circumstances: poverty, parents rendered incapable of providing basic human needs, and dangerous neighborhoods. Nevertheless, they do not meet the definition of "imminent harm," the test for intervention by the child protection system. Children in neglecting families survive in a twilight zone, drifting through the labyrinth of social service networks until they "age out" of the system. Their history is captured in enormous case files recording multiple openings and closings.

Attention has been paid intermittently to these children over the years. However, in recent years their plight has faded from view as public attention has concentrated on physical and sexual abuse. This conference was planned to help re-focus attention on child neglect. It was hoped that this conference would help to clarify the nature of the problems, to challenge assumptions, to raise important questions about the community's responsibility, and to suggest some fresh responses in policy, programs, and practice. To consider the insights and findings from the papers presented at this conference, some contextual observations are in order.

Dimensions of the Problem

The large number of children in neglecting families reveals the issue as a major social problem in contemporary society. Neglect reports are flooding into child protection agencies at nearly twice the rate of reports of physical abuse. Increasingly restrictive criteria for accepting neglect reports for investigation

has resulted in a low substantiation rate. Despite this, neglect reports have the highest substantiated incidence, followed in order by physical abuse, sexual abuse, and emotional abuse. Further, young children have entered foster care because of neglect more than from any other type of maltreatment (National Center on Child Abuse and Neglect [NCCAN], 1992).

The consequences of neglect are serious for children in both the short and long term. Chronic failure in school, poor health, disabled young adulthood, and negative intergenerational effects have all been documented (Egeland, Sroufe, and Erickson, 1983). Indeed, while all forms of maltreatment damage children, neglected children have the poorest outcomes on all measures of well being in growth and development. Moreover, almost half of the child fatalities caused by maltreatment are associated with neglect (U.S. Advisory Board on Child Abuse and Neglect, 1995).

Despite the prevalence of neglecting families and the tragedy of adverse consequences for children, the problem of how we as a society should respond is far from solved.

The Neglect of Neglect: An Explanation

The relative inattention and limited public policy interest in neglected children is acknowledged by well known scholars in the field of child welfare (Kadushin, 1988; Polansky, Chalmers, Buttenweiser, and Williams, 1981; Wolock and Horowitz, 1984). The National Center on Child Abuse and Neglect (1993) found a paucity of published studies on the treatment of neglect. Scholars have also documented the ambivalence of child protection in dealing with this form of maltreatment (Besharov, 1990; Wald, 1975).

Many scholars attribute the hesitation to address child neglect to the complexity of the phenomenon. English points out in the paper she presented at this conference that a comprehensive understanding of child neglect has been limited by a lack of consensus on definition (Zuravin, 1991; Paget, Phelp, and Abramczyk, 1993). This is more than an academic exercise, since "definition" influences methods of studying neglecting families. The uncertainty surrounding the concept of neglect is revealed in the lack of consensus regarding its genesis. For some scholars, the definition implies parental culpability, a "willful act of omission" to provide adequate care and protection of a child. Others argue for a broader definition that includes factors associated with

neighborhoods and poverty, that is., an "ecological" definition (Crittenden, 1992).

While neglect may sometimes be deliberate, there is strong evidence in many cases for an ecological definition. Poverty creates a risk environment for children. Zuravin found that the strongest predictors of maltreatment in a community are the percentage of families with incomes less than 200 percent of poverty and the percent of vacant housing (Zuravin, Orme, and Hegar, 1992). Poverty can contribute unmanageable stress to vulnerable family systems. Vondra notes in *Child Poverty and Public Policy* (1993) that "financial hardship typically implie[s] such long-term stressors as inadequate housing, residence in a dangerous and/or resourceless neighborhood, inability to pay for practical and human services, and lack of transportation to access affordable resources" (p. 130). A fragile family system that is ripe for neglect crumbles under the assault of poverty. It is not difficult to understand that the attributes of extreme poverty and drug- and violence-infested neighborhoods result in sharply diminished parental coping (Giovannoni and Billingsley, 1970; Vondra, 1993; Egeland, Jacobvitz and Sroufe, 1988).

The concept of neglect is further complicated by its multi-dimensional quality. In recent years different typologies have been developed to differentiate the dimensions of neglect. These include: deliberate or unintentional neglect; physical, developmental, or emotional neglect; prenatal neglect or abandonment; and chronic or situational neglect. These quite separate but sometimes interrelated phenomena add to the complexity of definition. Further, recent attention to "cultural diversity" suggests that neglect must be interpreted within the cultural context of child-rearing practices.

Perhaps these complex features associated with neglect explain the recurrent attempts of state legislatures to amend the statutes defining "neglect" on a regular basis.

Treatment Models

The complex nature of the phenomenon makes treating neglecting families a challenge. The papers in these proceedings argue persuasively that services should be available not only for children in immediate danger (the standard criteria for opening a case where physical and sexual abuse is substantiated), but also for those children who are vulnerable to the long term conse-

quences of the life shaping circumstances of deprivation, whether caused by parental behaviors alone or the lethal mix of poverty and parental behaviors.

Nevertheless, the principles and practice for treatment are still in an experimental stage (Nelson, Saunders, and Landsman, 1993). Current social service practice emphasizes family preservation, but this model tends to be ineffective with a large component of neglecting families. Most research findings state that caretakers who are chemically dependent, clinically depressed, or cognitively impaired are not suitable for family preservation efforts. Since caretakers with one or any combination of these characteristics represent 70-80 percent of the profiles of neglecting parents, it is difficult to determine a practice model that offers some assurance of both family preservation principles and an opportunity for children to grow and develop optimally.

The current social work focus on empowerment concepts presents similar problems. The empowerment projects are still in a demonstration phase, but the slim success with the many parents who are cognitively impaired, mentally ill, and enmeshed in alcohol and drug abuse is troubling.

The effectiveness of parent education, another popular approach to treatment which typically includes programs such as skills training, group instruction, modeling, one-to-one counseling, in-home visiting, has also been challenged (Gaudin, 1988). Outcomes studies reveal little lasting change in parenting skills.

Findings from several demonstration projects (Gaudin and Dubowitz, in press) suggest that multi-service projects offer a modest chance to improve the life situations for neglecting families and children. Programs are built around a neighborhood center where services are provided by a skilled staff that provides in-home services; mobilization of resources such as income, housing, and health assistance; parent education; the use of parent aides; group instruction; and therapeutic day care. Essential components in improving parent functioning include: recognition of the influence of social networks and environmental factors such as income, employment, housing, schools, and neighborhoods; and the provision of a trusting, supportive, nurturing professional relationship that lasts on average from eight to eighteen months. The Minnesota Mother-Child Project, the longitudinal study presented here by Egeland and Erickson,

suggests that the quality of attachment between the child and parents and a long-term therapeutic relationship are among the factors that assure positive outcomes for children in maltreating families.

Some promising explorations are appearing. A recent initiative, the Family Preservation and Family Support Services Program (Center for the Study of Social Policy and Children's Defense Fund, 1994; Zigler and Black, 1989), intends to provide assistance to families emphasizing the use of informal resources available within the communities and creating supportive networks within local community institutions. There are also instruments emerging which are designed to help workers identify conditions that may jeopardize a child's well being (DePanfilis and Scannapieco, 1994).

Policy Considerations

Neglecting families are equally challenging from a policy perspective. The child welfare system is confronted with the dilemma of children receiving marginal care but evading the strict interpretation of "imminent harm" required for intervention by the child protection agencies. Multiple service plans and episodic incidents associated with chemical dependency and mental illness result in multiple openings and closings. Clinical judgments are often contradictory. Clear-cut guidance for family preservation has not yet emerged, and it is often impossible to hold family preservation and child well-being in a single vision.

Scholars and policy makers are ambivalent on where to focus attention in addressing the needs of neglecting children—on the behavior of parents or on the broader ecological factors of stress, including poverty. In fact, it is a false dichotomy. A combination of strategies is required. Fundamentally, the problem of neglecting families must involve attention to large-scale social problems of inadequate housing, drug abuse, and community violence. At the same time, it is necessary to intervene in family systems through family therapy, parent education, placement, and therapeutic day care. Particularly important is increasing access to drug and alcohol treatment programs for pregnant and parenting women and attention to the cognitive, emotional, and physical conditions of young children.

Recent Trends

While the struggle to understand the multidimensional aspects of neglect continues, four distinct but interrelated trends have emerged which raise troublesome questions on how the child welfare system should respond to the condition of neglected children:

1. It has become increasingly difficult to reconcile the dual roles of child protection and family preservation—assuring child safety, and at the same time, taking uncertain steps to strengthen the family creates the agonizing dilemmas familiar to the child welfare system. The question as to whether to provide substitute or supplemental care for children in neglecting families is far from resolved.

2. The usefulness of risk assessment instruments currently used by child protection systems for case work decisions is under scrutiny. While risk assessment instruments can convey a profile of "imminent harm," it is less certain that these checklists can assess risk factors for long term developmental outcomes of crucial concern to neglect situations.

3. The lack of consensus on community standards for assessing the safety of neglected children or providing guidance on what are life threatening living conditions provides only vague guidelines for practice.

4. The suitability of rigid time limits in which to make decisions regarding removal of children, renunciation, or a permanent plan which might include adoption are being challenged. Although the time limits were initiated to prevent "drift," more flexible guidelines may be required when treating the many neglecting families who are enmeshed in drug and alcohol treatment plans, needing medical care for episodes of depression, and coping with catastrophic events related to extreme poverty.

Conclusion

What lies ahead is the challenge to practice: to reform the child welfare system so that neglecting families may have a confident response from an accessible social service system. Mindful of this

context, the conference was developed with the following questions as a framework for the invited papers:

- What is the level of neglect that a community is willing to tolerate?
- What justifies the state's intervention in the privacy of family life?
- In an era of dwindling resources, is the child protection system the only entry for families who need services? Have we choked off voluntary requests for services?
- Are family preservation principles effective for neglecting families?
- Do evaluations from experimental programs give us a clearer view of what combination of services works best?
- What are the racial and ethnic factors in assessing neglecting families?
- Will the strict timeframe on decisions for maltreated children place unrealistic limits on working with neglecting families?

References

Besharov, D. (1990). Gaining control over child abuse reports. *Public Welfare*, 48, 34-40, 46-47.

Center for the Study of Social Policy and Children's Defense Fund. (1994). *Making Strategic Use of the Family Preservation and Support Services Program: A Guide for Planning*. Washington, D.C.

Crittenden, P.M. (1992). The social ecology of treatment: Case study of a service system for maltreated children. *American Journal of Orthopsychiatry*, 62 (1), 22-34.

DePanfilis, D. and Scannapieco, M. (1994). Assessing the safety of children at risk of maltreatment: Decision-making models. *Child Welfare*, LXXIII (3), 229-245.

Egeland, B., Sroufe, L., and Erickson, M. (1983). The developmental consequences of different patterns of maltreatment. *Child Abuse and Neglect*, 7, 459-469.

Egeland, B., Jacobvitz, D., and Sroufe, L. (1988). Breaking the cycle of abuse. *Child Development*, 59, 1080-1088.

Gaudin, J.M., Jr. (1988). Treatment of families who neglect their children. In E.W. Nunnally, C.S. Chilman, and F.M. Cox (Eds.), *Mental Illness, Delinquency, Addictions, and Neglect: Families in Trouble Series, Volume 4* (pp. 167-188). Newbury Park, Calif.: Sage.

Gaudin, J., Jr. and Dubowitz, H. (In press). Family functioning in neglectful families: Recent research. In J. Duerr-Berrick (Ed.), *Child Welfare Research Review, Volume II*. New York: Columbia University Press.

Giovannoni, J.M. and Billingsley, A. (1970, April). Child neglect among the poor: A study of parental adequacy in families of three ethnic groups. *Child Welfare*, XLIX (4), 196-204.

Kadushin, A. (1988). Neglect in families. In E.W. Nunnally, C.S. Chilman, and F.M. Cox (Eds.), *Mental Illness, Delinquency, Addictions, and Neglect: Families in Trouble Series, Volume 4* (pp. 147-166). Newbury Park, Calif.: Sage.

National Center for Child Abuse and Neglect. (1992). *Foster Care: Parental Drug Abuse has Alarming Impact on Young Children* (GAO/HEHS-94-89). Washington, D.C.: U.S. General Accounting Office.

National Center for Child Abuse and Neglect. (1993, June). *A Review of Selected Journal Articles on Child Neglect Research: 1988-1991*. Chicago: Author. (Copies available from the National Clearinghouse on Child Abuse and Neglect Information: 1(800)394-3366; (703)385-7565.)

Nelson, K., Saunders, E., and Landsman, M. (1993). Chronic child neglect in perspective. *Social Work*, 38 (6), 661-671.

Paget, K.D., Philip, J.D., and Abramczyk, L.W. (1993). Recent developments in child neglect. *Advances in Clinical Child Psychology* (15), 121-174.

Polansky, N.S., Chalmers, M.A., Buttenweiser, E., and Williams, D.P. (1981). *Damaged Parents*. Chicago: University of Chicago.

United States Advisory Board on Child Abuse and Neglect. (1995). *A Nation's Shame: Fatal Child Abuse and Neglect in the United States*. U.S. Department of Health and Human Services. Washington, D.C. (For information regarding the report, contact the National Clearinghouse on Child Abuse and Neglect Information: (800) 394-3366; (703) 385-7565.)

Vondra, J. (1993). Childhood poverty and child maltreatment. In J.A. Chatel (Ed.), *Child Poverty and Public Policy* (pp. 127-166). Washington D.C.: The Urban Institute Press.

Wald, M. (1975). State intervention on behalf of "neglected" children: A search for realistic standards. *Stanford Law Review*, 27 (4), 985-1,040.

Wolock, I. and Horowitz, B. (1984). Child maltreatment as a social problem: The neglect of neglect. *American Journal of Orthopsychiatry*, 54 (4), 530-542.

Zigler, E. and Black, K.B. (1989). America's family support movement: Strengths and limitations. *American Journal of Orthopsychiatry*, 59 (1), 6-19.

Zuravin, S.J. (1991). Research definitions of child physical abuse and neglect: Current problems. In R.H. Starr and D.A. Wolfe (Eds.), *The Effects of Child Abuse and Neglect* (pp. 100-128). New York: Guildford Press.

Zuravin, S.J., Orme, J.G., and Hegar, R.L. (1992). Factors predicting severity of child abuse injury: An empirical investigation using ordinal probit regression. Unpublished paper. Baltimore, Md.: University of Maryland at Baltimore, School of Social Work.

Overview of the Conference Papers

by Esther Wattenberg

Alive But Not Well: An Overview of Policy, Program, and Practice Concerns with Neglecting Families, by Jeanne Giovannoni

Jeanne Giovannoni's paper reflects a long-standing concern with understanding and ameliorating the conditions of neglecting families. Giovannoni co-authored with Andrew Billingsley (1970) a groundbreaking report highlighting the stresses of poverty as a contributing factor to neglect and concluded that neglect may be a manifestation of community conditions as much as an individual parent's pathology. Giovannoni later continued her investigations with a critical perspective on how the child protection system disposes of reports of child maltreatment (1989).

In this paper Giovannoni brings her considerable experience and wisdom as a long-time child welfare scholar to bear on the questions (listed in the introduction) that provided the framework of inquiry for this conference. In addressing these questions, Giovannoni raises fundamental policy issues at the core of a critical inquiry: the contentious relationship between the family and the state; the costs and benefits of state intervention; the philosophical roots of Public Laws 96-272 (the Adoption Assistance and Child Welfare Act), which is the principal legislative architecture of our child welfare system; the social ideals embedded in the family preservation movement; and the practice issues in serving neglecting families, especially with the imposition of inflexible time limits.

In her "state of the art" statement, Giovannoni drives to the conclusion that the child welfare system forges its policy decisions not by how well children and families will be served, but by how well the decisions will serve the public coffers. It is in this political reality, Giovannoni suggests, that we have permitted the well being of children to be overshadowed by our zeal to reform and reduce the costs of the foster care system.

Finally, Giovannoni confronts us with these moral questions: if we are not willing to support the resources necessary to assure the child's well being, who are the beneficiaries of the so-called cost savings? Should neglected children bear the costs and consequences of these fiscal savings?

Testing the Community Standard on Neglect: Are We There Yet? Findings from a First-Stage Survey of Professional Social Services Workers, by Esther Wattenberg and Laura Boisen

Laura Boisen and I took on the challenging task of attempting to ascertain the community standard in judging neglect and found that the community sends an enigmatic signal regarding the level of neglect it is willing to tolerate.

Using a survey asking recipients to assess risk to children in various scenarios of neglect, our study found that the practicing social worker community—those who provide services to families and children and are required by law to report neglect—has a broad concept of child endangerment. They assigned a moderate to high risk to all examples of neglect included in the survey. (Surveys were sent to a representative sample of the National Association of Social Workers' membership, school social workers, family-based workers, staff members of community agencies serving families of color, and the child protection workers who offer ongoing services to families.) On the other hand, child protection workers who screen all referrals, that is, who control access to intervention services from the child protection system, viewed the neglect scenarios as less serious than the social workers who report neglect. The perspective of the screeners reflects the onerous obligation that has been assigned to them to ration scarce resources.

This discrepancy between the standards for judging neglect held by the two representative sectors of the community confronts us with the disrepair of what should be a secure bond between practicing social workers and the child protection system. We argue that child protection services, with its pressure to respond only to children in danger of "imminent harm," is an inappropriate unit for responding to the condition of children in neglecting families. It is essential to have a clear policy and set of procedures for referring reports of neglect to an alternative system and to have in place a network of comprehensive programs with a continuum of responses from prevention to crisis intervention.

Reconceptualizing Social Support: The Results of a Study on the Social Networks of Neglecting Mothers, by Sandra Beeman

A social support network is widely recognized as being critical to helping neglecting parents care well for their children. Beeman argues in her paper that this network must be conceptualized not merely as the availability of resources, but as a network of supportive and mutually satisfying relationships. She observes that the current social work practice of focusing on availability of resources gives a superficial and misleading picture of support networks.

In her exploratory study of nineteen subjects, Sandra Beeman found differences in the nature of the relationships that neglectful and nonneglectful mothers have with the people in their support networks. Both groups of mothers were provided with support from networks of similar size and composition. However, they differed in the way they perceived their relationships with members of the networks. Nonneglecting mothers in this study believed it was important to be independent and ask help only when they were really in need. They understood the limitations of others, but felt they could count on others when they did ask. Their relationships were characterized by trust, reciprocity, and flexibility. On the other hand, the neglecting mothers tended to believe they needed others to get by, were quick to ask for help, and expected others to always meet their needs, but did not feel they could count on others. Their relationships were characterized by conflict and distrust.

Beeman suggests a number of practice implications: 1) that child protection workers assess not merely the availability of a family's social support but the actual functioning of relationships from the parents' point of view; 2) that interventions focus not only on making resources available, but also on the interpersonal skills of parents to successfully and mutually interact with members of their networks; and 3) that programs be developed which allow and encourage parents to experience the satisfaction of being able to contribute to mutually satisfying relationships.

Risk Assessment: What do We Know? Findings From Three Research Studies on Children Reported to Child Protective Services, by Diana English

Observations from Diana English's groundbreaking studies on how a public agency responds to neglecting families confirm nationwide trends: referrals to child protection agencies are steadily increasing, but so are the number of reports declined for investigation (screened out); and casework loads are rising, reflecting both the increase in allegations and the increasing severity of problems.

The English paper underscores both the inattention of the child protection system to children in neglecting families and the serious long-term consequences. Neglect reports have a low substantiation rate and a low re-referral rate. Fewer than one in five will return to child protective services on a new allegation within six months. Moreover, "observable harm" is not likely to be recorded on risk ratings. While one-third to one-half of the neglected children in one of the studies discussed, the LONGSCAN study, have been assessed to have developmental deficits, less than 5 percent of caseworkers rates these children as having developmental problems.

The paper also alerts us to the extensive victimization history of the neglecting caretakers and the fact that a high proportion (39 percent) suffer from clinical depression. Neglecting families suffer a significant number of traumatic life events. They often live chaotic and stressful lives, characterized by a pattern of loss (jobs, relationships, the arrest of a violent partner, death, accidents, the foster home placement of children). Indeed, English found that the most important risk factors in neglect are those related to factors such as stress, substance abuse, and living conditions that influence the caretakers' behaviors.

English raises pivotal questions about the role of child protective services in intervening when the situation is not one of "imminent harm," but rather a combination of harmful effects, either from willful parental omission of providing basic human needs for a child, or environmental factors that contribute to a parent's inadequacies. If not child protective services, then who in the community intervenes?

Throwing a Spotlight on the Developmental Outcomes for Children: Findings of a Seventeen-Year Follow-up Study, by Martha Farrell Erickson and Byron Egeland

In their report on the Minnesota Mother-Child Project, a longitudinal study that includes comprehensive assessments of neglected children across different developmental periods, Egeland and Erickson leave no doubt that neglect has pervasive and severe developmental consequences. In fact, of all the maltreated children in this study (including physical abuse), the neglected children had the most difficult time in school.

The negative consequences of neglect showed up at the earliest examination—twelve months—when a disproportionately large number of neglected children were anxiously attached. By the time these children reached school age, delays were found in social, emotional, and cognitive development. The children lacked persistence, initiative, and confidence to work on their own, were somewhat helpless, passive and withdrawn, and at times angry, and were assessed as functioning poorly in every area in school. Egeland and Erickson conclude that nineteen years of detailed study show that the incidence of abuse, neglect, and other forms of maltreatment is far greater than figures commonly reported based on child protection and hospital reports, and that there is no evidence to support the considerable interest in the idea of invulnerable or stress-resistant children.

This paper also reports briefly on the characteristics of maltreating mothers, and asserts that the same factors that predispose parents to neglect their children can make it challenging for professionals to work with these families. They suggest preventative intervention efforts such as their Steps Toward Effective, Enjoyable Parenting (STEEP) program, which combines home visits and group sessions to enhance parents' understanding of their relationships with their child, encourages life management skills, strengthens support networks, and explores how the parents' own childhood experiences influence their responses to their children.

Testing Two Innovative Approaches

Summaries of two practice projects presented at the conference are included in these proceedings. The first, the Hennepin County Family Options Demonstration Project, a community collaborative to prevent child abuse and neglect, was presented

by Philip AuClaire under the conference title, **Amplifying Choice for Neglecting Families: Early Findings from a Research Study**. The second, Project Empowerment, also a collaborative program, was presented by Nancy Schaefer and Charles E. Jackson under the conference title, **Empowering Families to Disconnect from Public Agencies as They Find Resources Within Their Own Communities**. Both demonstration projects are intended to change the help-seeking behaviors of neglecting families and to encourage agencies to adopt changes in their responses to neglecting families.

Family Options is a program designed to test the effectiveness of the voluntary use of community-based services, along with an emphasis on providing families a wide choice in the selection of needed services at the community level. Family Options presents an assumption worthy to be examined; that is, neglecting families recognize they are experiencing problems and they can and will voluntarily avail themselves of services to alleviate these problems before abuse and neglect occurs, providing services are available, accessible, and voluntary.

Project Empowerment is a program specifically designed for chronically neglecting families to take an active and assertive role in their interaction with social service agencies. The model is one of moving the stance of passivity, dependency, and "helplessness" so often identified in the profiles of chronic neglect to one of "taking charge," with the intention of developing the capacity of neglecting families to assume responsibility for family and children's well being.

Both projects in their interim findings make challenging observations. Family Options reports that a substantial number of child protection staff (79 percent) are not optimistic that Family Options can be effective for families characterized by unresolved chemical dependency issues, low intelligence, or personality disorders, and chronically neglecting behaviors. Likewise, Project Empowerment reports that parents with mental health, cognitive, or chemical dependency problems are severely limited in using "empowering" concepts.

Neither project had identified at the time of the conference the specific groups of families and their characteristics for which "empowerment" projects are useful. The exclusions are troubling since families associated with chemical dependency, mental health problems, and cognitive difficulties are a large share of

neglecting families. Indeed, increases in the number of parents who abuse drugs and are involved in the child welfare system are striking. Fully 78 percent of young children in foster care had at least one parent who was abusing drugs or alcohol in 1991, compared with 52 percent in 1986 (NCCAN, 1994).

Both projects also disclose issues that arise in collaborative projects between a child protection unit and community-based agencies. Differences on assessment, programmatic decisions, and philosophy require time and effort to resolve.

These programs continue to evolve. The families that have graduated from the programs express positive attitudes about the projects. Anecdotal information provides an aura of success. Instances of placement prevention, reunion of children who have been separated, and diminished reliance on public services are all reported. A systematic evaluation has not yet been completed.

References

Giovannoni, J.M. (1989). Substantiated and unsubstantiated reports of child maltreatment. *Children and Youth Services Review*, 11, 299-318.

Giovannoni, J.M. and Billingsley, A. (1970, April). Child neglect among the poor: A study of parental adequacy in families of three ethnic groups. *Child Welfare*, XLIX (4), 196-204.

National Center for Child Abuse and Neglect. (1994). *Foster care: Parental drug abuse has alarming impact on young children*, (GAO/HEHS-94-89) Washington, D.C.: U.S. General Accounting Office.

Alive But Not Well: An Overview of Policy, Program, and Practice Concerns with Neglecting Families

by Jeanne Giovannoni

When I was invited to participate in this conference, I was provided with a list of issues to be explored today and will address several of them in turn. The first is: "What is the level of child neglect that a community is willing to tolerate?" There are many ways to go about answering that question. One is to ask community members, including different segments of the community—the professional and the lay people. Linked to that question is looking at what communities do, what states do, and what we as a nation do, have done, and might do. At a rather concrete level, I equate not tolerating with taking action. Taking action includes our policies and laws—what we say we do—and how these are implemented—what we really do. But before looking at either of these, I would like to digress for a moment to consider why we do or do not act; why we do or do not tolerate varying levels of child neglect, varying levels and kinds of children's unwellness.

From a public policy perspective, doing something about child neglect, like other forms of maltreatment, calls for two actions. One is to intervene into families, to intrude on family privacy and autonomy, coercively if necessary, and the other is to expend public resources in the doing of something about it. Both actions run counter to basic American values on the proper relationship between the family and the state, basic family values (if I dare use that politically charged term) that families should be left alone and that they should pull their own weight, take care of their children without outside interference and without outside supports, at least publicly funded ones.

From this perspective, there must be some rationale for taking actions that run counter to these dominant values. Some other interests must take priority over them. In the case of child

neglect and other forms of child maltreatment, what are those interests? What are the rationales? Why do communities tolerate or not tolerate varying levels of neglect, of unwellness? I would like to suggest that two central interests are at stake, not necessarily antithetical; one is a child-centered interest and the other is community centered. Child-centered interests may focus on the immediate suffering and pain of children or on the long range effects on them. Community interests include a humanitarian interest, a sense of common decency, and a self-protective interest, the protection of community members and community safety. The kinds of adults the children might become can trigger a community's self-protective interest.

A rationale for intervention is provided when one or more of these interests take precedence over the value on family privacy, and when they are given a priority for community resources higher than other interests competing for those resources. A very real test of the level of unwellness a community is willing to tolerate is the level of resources it is willing to allocate to reduce or heal that unwellness.

Public policies related to child maltreatment have evolved from an early rationale based on community-centered interests to a later rationale based on child-centered interests. The earliest child dependency statutes of the nineteenth century prescribed the conditions under which first localities and then states might take children from their parents and keep them at public expense in institutions. The public resource issue was the dominant one. It is clear that concerns about family privacy, at least poor families' privacy, was not a dominant issue given that the major recourse for relieving destitution of children, well into this century, was removal of the children from the parents. The accepted reasons in the dependency statutes for removing children from their parents first centered on matters of immorality, idleness, and incipient criminality, very much like contributing to the delinquency of a minor today (Giovannoni and Becerra, 1979).

The dominant interest seemed to be the protection of the community, especially from the kinds of adults the children would become if left in their families: criminals or paupers. It was only in the latter part of the century, largely through the advocacy of the Humane Society, that physical cruelty to children was added, expressing a humanitarian concern for the immediate suffering of children. It was not until the early part

of this century that matters of physical neglect were incorporated into these laws, again largely through the instigation of the Humane Society. Over time then, at least as evidenced by the child dependency statutes, there appears to have been an evolution in the kinds of unwellness communities would not tolerate—that they would do something about—reflecting a change in the focus of concern from community protection to protection of the child. More recent concerns have focused on the immediate suffering of children; first on the immediate threats to their lives, and then on threats to the quality of their lives.

Our reporting laws seem to reflect concern with protecting both the community and the child. Reporting laws initially mandated only the reporting of physical abuse, but eventually incorporated neglect, at least physical neglect. (I guess the jury is still out on the reporting of emotional neglect or abuse.) The rapidity of the passage of the initial child abuse reporting laws in all states and territories within a period of about four or five years is said to be unparalleled by the passage of any other piece of similar social legislation (Antler 1978). There is no question that the motivation of those who spearheaded this movement was a humanitarian concern with the suffering of abused children. However, the political force of their convictions was in many instances augmented by an appeal to community interests, with the frequently cited datum that our penitentiaries are peopled by adults who had been abused as children.

There is another factor about the reporting laws that also might account for the relative ease with which they were enacted. The reporting laws themselves called for relatively little by way of public expenditures, aside from the establishment and maintenance of mechanisms to receive and store the reports. The allocation of resources for what to do about the situations once reported was not part of the child abuse reporting legislation. Thus, the reporting laws themselves are not necessarily a test of community willingness to act on child neglect by paying for doing something about it, a test of not tolerating the "unwellness."

I would like to turn now to the events of the 1980s, events that reflected changing levels of tolerance of child neglect nationally, and then raise with you questions as to why these events took place and in whose interests.

During the 1980s the volume of reports of child maltreatment increased enormously (National Research Council, 1993). Why this was so is debatable: expansions of the reportable conditions, an increased awareness of sexual abuse, and a rise in the incidence of prenatally drug-exposed infants all probably played a part. Probably not coincidental is the fact that the proportion of children living in poverty also rose during this time. Whatever the reasons, there was no commensurate increase in resources to respond to the increase in reports, either in the resources to investigate them or in the resources to ameliorate the situations reported. Among the responses to the developing imbalance in the demand for services and the supply of protective services resources available was the instigation of various rationing mechanisms: screening out reports from investigations, and risk assessment mechanisms for prioritizing responses to those cases investigated. Certainly risk assessment is primarily a mechanism to protect children. But, depending on the context in which risk assessment is employed, it is also a means of rationing, of setting priorities. If the condition for which the children are at risk is not high in the priority system, regardless of the certainty of meeting that risk, it may not be responded to.

Comparative data from two national incidence studies, one in 1980 and one in 1986, indicate what some of the effects of this supply/demand imbalance may have been (U.S. Department of Health and Human Services, 1988). In comparing cases from these studies, using the same indicators of the criteria of "demonstrable harm" in both studies, the degree of the seriousness of maltreatment in cases "substantiated," or brought into the system, was significantly greater in the 1986 study than in the earlier one. In other words, cases that might have been investigated and deemed to warrant protective services intervention at one time were not as likely to warrant such intervention at a later time. These included cases of physical abuse, as well as those of various types of neglect.

While the national incidence studies are much more comprehensive in scope, I would like to refer to some data of my own from a study of the outcomes of 1,200 reports of maltreatment in nine counties in three states done in the mid-1980s. The study was funded under an initiative by the National Center on Child Abuse and Neglect to determine why reports made by private individuals seemed less likely to be "substantiated" than those from mandated professionals. Part of the impetus was the

concern not only about the rising volume of reports, but also the proportion of "unsubstantiated" reports. In my study the participating protective services workers had recorded on a simple checklist what the complaints of maltreatment had been in the reports and then what factors they had found on investigation. These data were then used to compare the "substantiated" cases (those opened after investigation) with those "unsubstantiated," or closed after investigation. The results indicated that the opened cases had both significantly more serious maltreatment and multiple kinds of maltreatment—abuse and neglect, sexual abuse, and drug abuse. In over half the cases closed (unsubstantiated), some maltreatment had been found on investigation, but apparently not deemed serious enough to warrant further investigation (Giovannoni, 1989).

I also compared these results with those from a study done in four California counties approximately ten years before. In making the comparison, I used the same checklist measure of the seriousness of maltreatment. The cases in that study had all been opened for service, and I compared them on a basis of the kinds of intervention employed, ranging from voluntary, in-home supervision to court-ordered placement. The cases in the later study that were opened for service most closely resembled those in the earlier one that had gone into court-ordered placement with more serious and multiple kinds of maltreatment. Cases in the earlier study that involved neglect only most often received in-home voluntary supervision. These "pure neglect" cases were scarcely to be found among the opened cases in the more recent study. Without belaboring the point, it would appear that during the 1980s the threshold of the seriousness of child maltreatment rose for all kinds of maltreatment, but especially for neglect (Giovannoni, 1989).

Do these changes reflect a rise in the level of tolerance of child neglect? And if so, why? Certainly there is no new information that neglect is less harmful to children, immediately or in the long run. In fact, our information is quite the contrary. Nor was the change reflective of an increased concern for family privacy, considering this was the period during which the demand to put welfare mothers to work gained momentum. My own belief is that these changes were a direct response to the diminished resources.

I would like to mention one other set of results from my study, relevant to the question of community tolerance, as well

as to another question posed for this conference concerning how problems of child-rearing practices are interpreted within a culture.

The data concern reports made by private individuals, relatives, and neighbors. When the kinds of maltreatment, both reported and found on investigation, were controlled, there were no significant differences between the proportion of substantiated reports by private individuals and mandated reporters. There were, however, significant differences in the kinds of maltreatment most typically reported by relatives and neighbors. Compared to professionals, including medical and school personnel, these individuals were much more likely to have reported matters of neglect: lack of supervision, inadequate housing and feeding (Giovannoni, 1995). I believe this is because they are in a position to see things and know about them more frequently than distant professionals, not because professionals are less concerned about them. It's the neighbors who see hungry children rummage through their garbage cans, and it's the grandmothers who know that the mothers didn't come home last night, or know that drug dealing is going on. I mention this because I believe that the reports—indeed often the pleas—of relatives and of neighbors are also an expression of community concern.

There is a well justified concern that people's values about child-rearing practices may conflict, based both on culture and on social class, and that one group's values should not arbitrarily be imposed on another. This is a matter of particular concern in child neglect. More than any other form of maltreatment, neglect is inextricably entwined with poverty and poverty with female-headed families.

Poor women and their children are at greatest risk of neglect. Poor women are also among the most powerless and the most vulnerable to losing their children through state intervention. Any assumption, however, that the greater incidence of neglect among them is a reflection of a different set of child-rearing values among their communities and their families does not seem warranted. If anything, the reporting behavior indicates a deep concern about the neglect of children. And if there is a clash of values, it is between the stated concern and the willingness of the community to tolerate maltreatment.

I would like to turn now to consideration of some current policy issues in responding to neglected children. One of the questions we have been asked to address is "Are family preservation principles effective for neglecting families?" An integrally related question concerns issues of time limits and neglecting families. I thought it was useful first to review the development of current policies with respect to both family preservation and time limits. I do so because I think along the way some policy goals have become muddled.

Let me start not with family preservation, but rather with the background of Public Law 96-272, the Adoption Assistance and Child Welfare Act, passed in 1980, and which remains the principal legislative architecture of our child welfare system. The law, as passed in 1980, had its philosophical roots in the book, *Beyond the Best Interests of the Child* (Goldstein, et al., 1973). That book promulgated these principles: 1) children must be attached to a psychological parent; 2) separation from that parent is the greatest harm that can come to children; 3) separating children from their psychological parents should be done only if some greater harm would come them by staying with that parent; 4) if separated, the child should either be returned to that parent quickly—a key concept here was "a child's sense of time," as distinct from adults'—hence time itself becomes a crucial issue; and 5) if such reunification is not accomplished in that time, the child should be given to a new psychological parent through adoption.

The major context in which these formulations were applied in the book was to custody issues in divorce cases. The application of these principles in public policy, however, was not to divorce custody issues, rather they were extrapolated to the context of foster care. Children adrift in foster care became the context focus, and the foster care system the object of reform. Permanency planning became the goal and the mechanism by which the system was to be reformed, and the children's best interests addressed. Monitoring of the foster care system through administrative or judicial review became the clock by which the child's sense of time was to be measured. Clearly, the original formulation was based on child-centered values; what is best for children. But the policy goal became fixed on the foster care system, not simply its reform, but also its drastic reduction if not elimination. Superseding the children's interests came another one—a reduction in the costs of foster care. Success or failure of the implementation of the policy came to be equated

with reduction in the foster care population and the associated cost savings.

Were these policies formulated with neglected children in mind? With neglectful parents in mind? Were issues addressed such as how long and with what kinds of resources, and with what amount of resources neglectful families could be "fixed" or how long they would stay "fixed" if the children returned home? Or, if they couldn't, how feasible would it be to find adoptive homes for these children? I am certain that these issues were not addressed. In fact, as the policy objective increasingly became focused on the foster care system, consideration of what children were entering it, and why they were entering it was totally eclipsed. I think that is one reason why, fourteen years after the passage of the legislation, and twenty years after the principle on which its original formulations were pronounced, we are here today addressing just those issues.

Let me turn now to "family preservation." The term has various connotations. On the one hand, it refers to a social value, a very essential social value. As such, it is not new, not in the context of child welfare. Family preservation was the social ideal expressed in The First White House Conference on Children in 1909 (U.S. Congress, 1909, 9-10). "Home life is the highest and finest product of civilization. It is the great modeling force of mind and character. Children should not be deprived of it except for urgent and compelling reasons." I think we all still believe that; it is around the "urgent and compelling reasons" where the controversy arises.

In the last several years, "family preservation" has also become something of a social movement and a legal movement within the child welfare system. And now with the recent federal legislation (P.L. 103-66, Family Preservation and Family Support Act), it will take on a very concrete meaning as a pot of money. "Family preservation," though perhaps not specifically called that, is integral to Public Law 96-272. The increasing emphasis in the last several years is an outgrowth of the failure to achieve the goals of that legislation.

Apart from the connotations of a social value and as a social movement, family preservation in a more concrete sense refers to specific programs. The targets of the initial programs were not at neglected families. In fact, they were not aimed at mistreating families. Rather, they were targeted at families where the princi-

pal identified problem was the child's behavior and the risk of out-of-home placement was due to that behavior. What may work in those kinds of family situations may not work so well in those where the problem, the risk, is centered on the parent's functioning. Three weeks of intensive services may heal a disrupted parent-child relationship, especially one that worked at one time. But I don't know anyone who has worked with neglectful families who ever believed it would work with them. The brief, intensive treatment model is not the only one however, and programs have been and are being developed with a specific focus on neglectful families. You will hear about one this afternoon. How well or how poorly these are working with neglectful families is only now being determined.

It is not the substance or the structure of programs, nor the demonstration of their effectiveness, that I wish to discuss. Others will be doing that. My concern is with what the criteria of effectiveness appear to be and what those criteria reflect about our public policies and family preservation. When I consider the current criticisms of programs and the criticisms of the evaluations of them, I do not see a focus on the children. Rather the focus appears to me to be on foster care and on foster care costs. The criticisms are: 1) that the families and children served by the programs have not really been at risk of placement, or at the very least, the evaluators have failed to demonstrate that they were; and 2) the programs have not been demonstrated to be cost effective nor cost beneficial (Rossi, 1992). They have not reduced foster care costs. I have yet to hear the evaluations criticized because they failed to take into account the well-being of the children, which to my knowledge none has. I must admit I may be overly sensitive to the issue of linking the success or failure of family preservation efforts to reductions in foster care expenditures given the current policies in my own state. The state of California has allowed counties to divert foster care monies to family preservation programs. However, if the counties do not simultaneously reduce their foster care expenditures, they must make up the difference. Clearly, the policy goals have at the core the interests of the public coffers, and these take precedence over child-centered considerations. The effectiveness of programs funded under such a policy will be determined not by how well they served the children or their families, but how well they served the public coffers.

I would also like to make an observation about the criteria that children must be "at risk of placement" to qualify for

"family preservation." This requirement stems in large part from the interest in saving foster care costs. For at least some neglected children, this has particular implications. Earlier, I noted the changing thresholds in the 1980s for accepting cases for protective services intervention, particularly the rising threshold for neglect. Obviously, if children's neglect is not considered serious enough to get them into the system, they cannot be "at risk of placement." These children are to be left out. But, the risk of placement is determined not just by the characteristics of the families or the neglect, but by the willingness to expend resources on them. This is just one example of what the effect of policy preferences for cost savings over children's interests can have on the children.

I believe that as long as child welfare policies, including family preservation services, remain fixed on foster care and the reduction of foster care costs, we will not have child-centered policies. The interests of children and the interests in cost savings are not necessarily antithetical; the issue is which takes precedence, and this is perhaps best viewed in relative terms. It may not be unreasonable to expect family preservation and family reunification services to be "cheaper" than foster care and better for children at the same time. The issue is "how much cheaper." And here I would like to focus on time limits. Time limits on the length of stay in foster care were established in the interests of children. I believe they still are. But time is also money, as the old saying goes.

With respect to time, the longer services are provided, the more they cost. The same level of services provided a given family over a longer period of time raises the total cost per family. The costs in the aggregate can also rise. If families are served for longer periods of time, they do not turn over. As long as new families are entering the service system, the total number of families being served at a given time is greater. Hence, the total aggregate of service provision is greater and that costs more.

There is another cost that I think should be considered, one that is also related to time and is child-centered. How long should children be left in neglectful circumstances without some kind of compensating services to meet the needs for full parenting? In one sense, foster care buys a full-time parent for a child. Still, the cost of providing that parent may not go down to zero just because they are with their own parent, a parent who

presumably is not fully meeting their needs, since services are being provided to accomplish just that goal. I ask you to think about this point, particularly when you hear Martha Erickson and Diana English this afternoon. Whether the goals be family preservation or family reunification, what kinds of compensatory services or programs directed toward meeting the developmental needs of the children should be provided as long as their immediate family environments fail to meet these needs? Considering all that children must accomplish in their development into competent adults in the few short years of childhood, time lost in that developmental progress may never be recouped.

Issues of time and costs are related to considerations of program effectiveness. The flyer for this conference poses the question, "Are there effective services for neglecting families?" How should that question be answered? From whose standpoint? I believe that as long as program policy goals remain fixed on reform of the foster care system and reductions in the costs of foster care, child-centered goals will be eclipsed at best, and ignored at worst. If the goal of services for neglecting families is the well-being of children in those families, then reductions in foster care dollars and in the overall foster care population, as measures of effectiveness of services, will not tell us if the child-centered goals have been attained. Furthermore, policy frameworks that are not informed by what is known about these families and the children may well inhibit the development of programs that might be effective with them, programs that take too long or cost too much money. I do believe that the issue of time is crucial for children. But from the standpoint of children, "How long is too long," depends upon what's happening to them in the interim. It is not simply the child's sense of time at issue, but also the child's sense of safety and the child's sense of love and of nurturance. I don't know how long is too long. Given the differences among neglecting families and among the children, any absolute figure is apt to be arbitrary. But if the focus of the answer is the well-being of children, the answer may lie not simply in the strengths and weakness of the families, but also in the availability of resources to address the children's well-being, and the willingness to pay the costs of those resources.

The last time I had the privilege of speaking at this university was at a conference sponsored by a group of medical students. The theme was on ethical issues in family violence. That was several years ago, and I still remain impressed at the

dedication and concern about ethical issues among those students. In closing, I would like to pose something of an ethical issue. I would like to suggest the issue of fairness be included when posing cost benefits equations. Who are the beneficiaries of the public resources that are not allocated to these children? Who are the beneficiaries of the cost savings? Is it fair that these children should bear the cost of these benefits, the costs of "being alive, but not well?"

References

Antler, S. (1978, January). Child abuse: An emerging social priority. *Social Work*. 23, 58-61.

Giovannoni, J.M. (1989). Substantiated and unsubstantiated reports of child maltreatment. *Children and Youth Services Review*, 11, 299-318.

Giovannoni, J.M. (1995). Reports of child maltreatment from mandated and non-mandated reporters. *Children and Youth Services Review*, 17, 497-512.

Giovannoni, J.M. and Becerra, R.M. (1979). *Defining Child Abuse*. New York: Free Press.

Goldstein, J., Freud, A., and Solnit, A. (1973). *Beyond the Best Interests of the Child*. New York: Free Press.

National Research Council. (1993). *Understanding Child Abuse*. Washington D.C.: National Academy Press.

Rossi, P.H. (1992). Assessing family preservation programs. *Children and Youth Services Review*, 14, 77-97.

U.S. Congress, Senate. (1909). *Proceedings of the Conference on the Care of Dependent Children Held at Washington D.C., January 1909*. 60th Congress, 2nd session. Senate Document No. 271.

U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect. (1988). *Study Findings, Study of National Incidence of Child Abuse and Neglect*. Washington D.C.: U.S. Government Printing Office.

Testing the Community Standard on Neglect: Are We There Yet? Findings from a First-Stage Survey of Professional Social Services Workers

by Esther Wattenberg and Laura Boisen

Community standards are often invoked as playing a powerful role in defining neglecting environments that are hazardous to children and thus requiring attention from the child welfare system. Nevertheless, the community criteria for "neglect" is largely unexplored. This study was designed to provide some answers from one part of the community: social workers who provide services to families and children and who are required by law to report if they have reason to believe a child is being neglected. Two groups of social workers were surveyed to ascertain their criteria for assessing risk to children in neglecting situations. The first group, called "casefinders" in this study, was a representative sample of social workers drawn from the National Association of Social Workers (NASW) membership, school social workers, family-based workers, staff members of community agencies serving families of color, and the child protection workers who offer ongoing services to families. The second group, called "gatekeepers," was a sample of the child protection system's workers who screen referrals. The findings reveal a marked disparity in judging criteria used by the social work community, acting as case-finders, and the screeners, acting as gatekeepers. The gatekeepers, responding to scare resources, tended to assess neglect situations as being of less risk than did the casefinders. It appears that neglect cases as reported do not pass the test of "imminent harm" and are therefore denied entry into the child protection system. Conclusions are drawn for policy and programs to remedy the disregard of neglected children in a narrowly focused child welfare system.

Background

Throughout the history of protective services for maltreated children, physical abuse rather than neglect has been given priority for attention despite the fact that neglect is the more prevalent and serious child maltreatment problem.

Recent trends, however, reinforce a growing concern with children reared in neglectful environments. The number of reports of neglect flooding into child protection services is nearly twice as high as reports of physical abuse. Neglect is the most frequent form of child maltreatment reported, accounting for 47 percent of maltreatment cases reported and substantiated in 1992 (McCurdy and Daro, 1994). Research findings underscore the very serious adverse consequences for children in neglecting situations. The long-term effects are more serious for children of neglect than any other form of maltreatment (Egeland, Sroufe, and Erickson, 1983). Further, almost half of children's fatalities associated with maltreatment involved neglect (U.S. Advisory Board on Child Abuse and Neglect, 1995).

Despite the prevalence and serious consequences associated with this type of maltreatment, "the neglect of neglect" continues to be a phenomenon (Chilman, 1988; English, 1994; Giovannoni, 1989; Kadushin, 1988; Starr and Wolfe, 1991; Wolock and Horowitz, 1984). Serious under-reporting, as well as a low rate of acceptance of neglect reports for investigation by child protection screeners has been reported (Chilman, 1988). In Minnesota in 1992, of all reports of maltreatment, 55.6 percent involved neglect. Of these reports, 58 percent were "not substantiated." (A detailed study of neglect reports and why they did not pass the test of "imminent harm" is not available.)

There is a general understanding that *standards* of assessing neglect are in flux. Acceptable conditions of home environments for children have been tempered by a rising community tolerance for poor housing, inadequate family income, and unavailable health and mental health care. Child protection screeners struggle to determine whether the level of neglect measured by severity, pattern, and likelihood of "imminent harm" is sufficient to open a case for investigation. The workers appear reluctant to engage fully in the tasks of responding to reports of neglect.

Two distinctive features appear to be at the heart of this reluctance. First, child protection agencies have constricted "intake" to an "imminent harm" assessment as a realistic adapta-

tion to shrinking resources. In an era when the child welfare system is overworked and understaffed, and at the same time is inundated with a significant increase in reports of maltreated children (National Commission on Child Welfare: Family Preservation, 1990), there has been increased pressure on child protection workers to make decisions on who to serve and how much service to provide. "Imminent harm" has become the screening criterion for accepting a report for investigation. The threatened safety of the child is the key determinant. Physical abuse and sexual abuse are obvious threats. Neglect, with its muted visibility of suffering, is generally assigned a low risk score.

A second feature which encourages a low risk assessment is related to the conceptual confusion that surrounds the definition of neglect (NCCAN, 1993). At the heart of the definitional problems is the complexity of factors that shape our judgment of neglect. The definition is created by a combination of laws, customs, and community standards (Boehm, Giovannoni and Geismar, 1980). This complexity is compounded by a high degree of uncertainty on how to articulate the standards of the community. What does the community tolerate or find unacceptable in neglecting environments for children? Embedded in this uncertainty is the unresolved controversy on what factors justify state intervention in the privacy of the family (Besherov, 1985; Wald, 1975).

It is in the state statutes, which are under constant review, that we detect, in part, changing standards for state intervention. Illustratively, laws have recently broadened the grounds for reporting neglected children. Historically, the state of Minnesota maltreatment statutes have emphasized parental failures as those that relate to the basic needs of children for food, clothing, shelter, and medical care (Minnesota Reporting of Maltreatment to Minors Act, 1992). More recently, additional parental failures have been added such as pre-natal exposure to "a controlled substance" (Amendments, 1992) and the parental role in truancy (Amendments, 1993).

The law sets one boundary and the community, by its reports to child protection services of abuse and neglect, sets another. Thus, the law and the community are joined in setting "community standards." When the law specifies who shall be mandated as reporters, those persons in the community who are compelled to report suspected cases of abuse and neglect have, in

effect, become casefinders. The mandatory reporters, including social workers, doctors, educators, and clergy, become the vehicle of the community's concern with families who have willfully, or by acts of omission, placed their children in jeopardy through unsafe conditions.

Child protection agencies are directed by statute to respond to these reports. It is in this linkage that we are confronted most directly with the quality of the bond that exists between child protection services and the community. Can we detect from this bond the nature of community standards?

Measuring community standards is a complex task, and few studies on this topic have emerged (Giovannoni and Becerra, 1979; Boehm, 1964). In the current political context, ambivalence is characteristic of a community's response to neglect. On the one hand, the retreat from fiscal support for housing, family income, and neighborhood revitalization represents an increasing community tolerance for poor child-rearing conditions. On the other hand, the upsurge of reports to child protection services from community reporters expresses escalating concerns over unacceptable conditions for rearing children.

In the face of this ambivalence, can we ascertain to some extent what the community standards are in judging neglect? In this study we selected practicing social workers as one significant representative of community standards. Because they are mandatory reporters with close association with families and children, their criteria for judging neglect has importance. We also selected child protection screeners (gatekeepers to the system charged with responding to reports of neglect) as another significant representative of community standards.

Thus this study is directed to the central question: Is there a consistent community standard regarding neglect as represented by the practicing social work community and by child protection screeners charged with implementing community standards.

The Study

This study was designed to respond to this central question. An answer was sought to the first part of the question—the standard represented by the practicing social work community—through a survey of social workers associated with schools, community agencies, public social services and the membership of the state

BEST COPY AVAILABLE

NASW chapter. If there is consensus within the community of mandated social work reporters, does it match the assessment of child protection screeners, the gatekeepers to the system? To explore that question, a sample of child protection screeners was surveyed.

This study is designed in two stages. The first stage, which is reported here, assessed risk by a community of practicing social workers. The second phase, to be reported later, will assess risk from the point of view of neglecting and non-neglecting parents.

Methodology

The instrument used in this study was developed, in part, from the risk assessment tool (see Appendix 1 for Minnesota risk assessment) currently in use in the state of Minnesota. In Minnesota, each child protection screener must assign a level of risk that assesses the vulnerability of the child and the severity of risk when a child maltreatment report is received. Four risk factors, in part taken from the Minnesota instrument, were the basis of the survey questions: 1) absence from home or lack of supervision; 2) an inadequate provision of basic human needs; 3) unacceptable household conditions; and 4) exposure to drugs and alcohol. These four categories of neglect are reported to be the most prevalent types of neglect in nationwide studies (NCCAN, 1995; English, 1994).

The questionnaire (see Appendix 2) consisted of seventeen risk assessment situations; four of the situations referred to caretaker absence, five to inadequate provision of basic human needs, five to unacceptable household conditions, and three to a child's exposure to alcohol or drugs.

All respondents were asked to complete the same questionnaire indicating their "severity" ranking of risk for situations that contained elements that might be viewed as neglectful. Severity was ranked from low to high on a nine-point scale to test the levels of neglect. The age of the child was identified in situations in which vulnerability was a factor.

Respondents and Their Characteristics

The first stage respondents were community social workers who are the usual pathway to child protection services by virtue of their mandatory reporting status (Mandatory Reporting Statute,

1994). The groups surveyed were a random sample of child protection workers, school social workers, members of the Minnesota Chapter of NASW, and a convenience sample of home-based, family workers in the state of Minnesota. These professional groups were assumed to have a reasonable grasp of both normative standards and departures from those standards.

In this first wave, 775 surveys were distributed via mail to the first sector of respondents. Six hundred fifty-nine (85 percent) were returned. Most of the respondents in the first sample were female (72.5 percent), Caucasian (92.9 percent), resided chiefly in suburban/urban areas (60.9 percent), held college degrees (99.1 percent), and had more than five years of experience (75.2 percent) in human services. Each of Minnesota's counties was represented by at least one respondent.

A second wave was composed of a convenience sample of staff employed by community agencies that serve primarily families of color. It was believed that surveying these community agency professionals would lend itself to a multicultural interpretation of neglect. A total of 123 surveys were distributed to professionals at community agencies that serve primarily families of color; 78 (63.4 percent) surveys were returned. Again, most of the community agency professionals were female (66.2 percent), residing in a suburban/urban area (92.2 percent), were college educated (70.2 percent), and had more than five years of experience (84.3 percent). This sample, however, was much more diverse in terms of race. Three out of four respondents were professionals of color (see Table 1).

Table 1. Racial Composition for Community Agency Staff

	Number	Percent
Caucasian	18	23.7
African American	21	27.6
Asian/Pacific Islander	6	7.9
American Indian	11	14.5
Spanish-speaking	16	21.1
Other	4	5.3

Note: All respondents did not answer all demographic questions so numbers may not total 78.

A convenience sample of child protection screeners from the metropolitan counties of the state of Minnesota was also surveyed. Those persons assigned to receive the reports of maltreatment of children, known as "screeners" are the linchpin in the child protection system. (The child protection screeners are distinct from the child protection workers surveyed as part of the "casefinders" in this study. The child protection workers offer ongoing services to families.) They sort out reports that will be dismissed or referred to community agencies or will enter the system for investigation. The screeners are the first encounter between the community (the reporters) and child protection services (the responsible agency for receiving the reports).

Thirty-two surveys were sent to metropolitan child protection screeners; eighteen (56.3 percent) were returned and analyzed. The child protection screeners were primarily female (88.9 percent), Caucasian (94.4 percent), residing in urban settings (94.4 percent), college educated (100.0 percent), and had worked more than five years (83.4 percent) in human services.

Findings

Respondents ranked situations on the survey from one to nine with one designating "low risk," five designating "medium risk," and nine designating "high risk." The responses were organized by aggregating the data and calculating the mean for each situation within each of the groups of respondents (Table 2). The averages were then compared for consensus.

Table 2. Average Risk Ratings for Categories of Neglect by Professional Group

Professional Group	Lack of Supervision	Drugs/ Alcohol	Household Condition	Basic Human Needs
Home-Based	7.95	7.38	6.75	6.49
Child Protection	7.98	7.36	6.92	6.06
NASW	8.12	7.84	7.27	6.87
School Social Workers	8.25	7.93	7.23	6.77
Community Agency	8.40	8.17	7.66	7.44
Screeners	8.10	5.71	5.94	5.43

Practicing social workers rated all situations moderate to high risk; they did not rate any category as low risk. In contrast, screeners rated most categories as low to moderate risk; they rated only one situation as high risk.

Caretaker Absence Category

The "caretaker absence" category included four situations. These situations were: 1) a child under five years of age is left alone at home without supervision for one hour; 2) a child five to nine years old is left alone for three hours or more, in charge of children younger than five, with no phone and with no adult close by; 3) a ten-year-old child is left alone for 24 hours or more without adult supervision; and 4) a ten-year-old child is left alone with younger children overnight, without adult supervision.

Caretaker absence, or lack of supervision, had strong agreement across all groups as a high risk situation for all children. This category had the highest ratings of risk and a high degree of agreement. All four situations were ranked high risk by all groups including the screeners. This was the only instance where screeners agreed with mandatory reporters. The double jeopardy of a child being left alone and having child care responsibility for even younger children was considered as providing the highest risk of all.

Exposure of Children to Drugs and Alcohol

The exposure of children to drugs and alcohol included three situations: 1) opened, unattended bottles of alcohol on the kitchen table or in places easily available to a child under five years of age; 2) evidence of drugs, open and within reach of a child ten or under; and 3) evidence that a child age ten or under has been present during adult drug dealing.

In all three situations there were relatively high levels of concern by all groups. However, child protection workers and home-based workers assigned a slightly lower level of risk than did other casefinders. Community agency professionals serving families of color gave these situations close to the highest possible score. Home-based, child protection workers, NASW, and school social workers all agreed that risk was considerable, but drug dealing was rated by minority social service personnel at an even higher level of risk.

In contrast, screeners rated these same three situations as moderate; their averages hovered around the midpoint. For this category, the screeners provided a lower risk assessment than that of community social workers.

Condition of Household

The condition of the household included five situations. These were: 1) an unsupervised child is ten or under and the smoke detector in the home does not work; 2) an emergency situation, and an unsupervised child age ten or under does not have a plan on how to deal with emergencies; 3) a child is ten or under and the home has a leaky roof, exposed wiring, broken windows, and a large hole in the floor; 4) a child is under five and there are broken glass, animal droppings, and spoiled food in the home; and 5) a child is under five and there are trash and garbage in uncovered containers which are overflowing.

All five situations received moderate to high risk assessment from all groups except screeners. Some differences among the community of social workers are worth noting. Home-based workers and child protection workers assigned the lowest risk of all casefinders to condition of household. It appears that those working most closely with neglecting families are most flexible on this factor in risk assessment.

For community agency professionals serving families of color, an unsupervised child under ten in a home with a non-functional smoke detector was considered a dangerous situation. Fire is clearly understood to be a genuine and dangerous threat to the well-being of a child by those social workers serving families of color. Other social workers in the community considered this a moderate risk. For screeners, this item was considered the lowest of all risks in the survey.

Basic Human Needs

Five situations composed the basic human needs category. They were: 1) a child under age three arrives on more than one occasion at pre-school, daycare, or at a play situation without a winter jacket and the temperature is 32 degrees or below; 2) a child ten or under often has clothing that is soiled and "smelly"; 3) there is no food in the home, and a child ten or under has had no food all day; 4) a child is ten or under and only junk food, such as soda pop and potato chips, has been available for two

days; and 5) a child is ten or under and there has not been basic food, such as milk, bread, cereal, or fruit, in the house for a week.

The risks in the situations comprising the lack of "basic human needs" category had the least consensus among all groups. Community agency professionals rated this category as high risk. The disparity in this category was most notable in two situations. Screeners and child protection workers were not particularly concerned with "soiled and smelling clothing." They rated the risk of this situation less than medium risk. Child protection screeners were also not seriously concerned with junk food as the available food. They rated that item less than medium risk. However, the other groups rated the risk of these items at medium risk or higher.

Summary

Practicing social workers have a broad concept of child endangerment. They assigned moderate to high risk for all four categories. It is worth noting that among the practicing social workers, community staff serving primarily families of color assigned the highest risk assessment to children in neglecting circumstances. Child protection screeners assigned lower risk than other professional groups except in the category of supervision.

Some disparities are worth noting. In considering the condition of children who by their clothing and personal hygiene indicate neglect, community agency personnel serving families of color assigned a high risk rating. This was shared by school social workers. A strikingly low risk was assigned by screeners. The reality of how children are shunned and suffer from discriminatory behavior based on their appearance, no doubt, informs the high risk assigned by those social workers who have a grip on the reality of the school environment.

School social workers also shared the concern of community professionals regarding the importance of proper nutrition for children. Thus, both community professionals and school social workers gave relatively high ratings of risk to "no food in the home for a day" and "no staples for a week." These situations were assigned moderate risk by screeners. Likewise, school social workers shared concern with community agency profes-

sionals of children's exposure to an alcohol and drug environment in contrast to screeners who assigned only modest ratings of risk.

It is worth noting that those who work most closely and intimately with the family, home-based workers, considered many of the situations to be of lower risk to children than other groups.

Disposition: Case Planning Decisions Based on Risk Assessments

In order to gauge what decisions respondents might make in response to a neglect situation, the following situation was provided: "Assume there is a family that has been supervised by child protection services for 'neglect' for the last two years. The last report on the family included these details: a child five to nine years old was left alone for three hours or more, in charge of children younger than five, with no phone and with no adult close by; there was no food in the home, and a child ten or under had no food all day; there were broken glass, animal droppings, and spoiled food in the home; there was evidence of drugs, open and within reach of a child ten or under." Respondents were given a choice of a plan. The question read, "On the basis of the information listed above, what would YOU recommend for this family: 1) a social service intervention plan with the child(ren) remaining in the home; 2) placement of the child(ren) in foster care; 3) the initiation of proceedings to terminate parental rights."

The recommendation of foster care received the highest consensus with all groups (Table 3), although home-based workers and community agency staff gave this option less support than other social workers. Still, more than half made this recommendation. Family preservation is most strongly supported by home-based workers and community staff. Professionals with two years or less experience also were more apt to recommend a plan which kept the children in the home, rather than foster care placement or termination of parental rights.

Table 3. Recommendations for Disposition of Child in Chronically Neglectful Situation by Professional Group

	Home-Based	Child Protection	NASW	School Social Workers	Community Staff	Screeners
In-home intervention	49 40.8%	46 20.7%	31 18.9%	21 14.4%	25 32.9%	3 17.6%
Foster care	67 55.8%	171 77.0%	116 70.7%	105 71.9%	46 60.5%	12 70.6%
Terminate parental rights	4 3.3%	5 2.3%	17 10.4%	20 13.7%	5 6.6%	2 11.8%

Many offered written comments which illustrated the distinct differences in orientation between those respondents with a family preservation focus and those who preferred placement. Sentiments from those asserting family preservation included:

> *The family is the foundation for change. If children can be kept safe, they should be in the home.*
>
> *Because a parent does not do their job is not a good enough risk indicator for parent/child separation.*

Those preferring placement commented:

> *Neglected children don't make noticeable changes unless they are placed in foster care.*
>
> *It is too easy for neglectful parents to keep their children in deplorable situations. The law seems to protect adults too much and not the kids. Not all families should be kept intact.*

A small but distinct proportion recommended termination of parental rights. This position was taken most strongly by school social workers, NASW members, and child protection screeners (from 10-14 percent). Interestingly, those who work most closely with families, i.e., community agencies, home-based and child protection workers, recommended the least intrusive intervention.

Discussion

Measuring a community's concern with children suffering from neglect is a fundamental and difficult question.

The findings from this study provide some clarity to the question. The community of social workers, practitioners in several settings, have a shared judgment: children are in hazardous situations when they are left alone, unsupervised, in charge of very young children; living in environments of deteriorated household conditions which are dangerous and filthy; personally uncared for and deprived of basic human needs of food and clothing; and exposed to households enmeshed in drug and alcohol use. Screeners—the "gatekeepers" to the services of the child protection system—view these same situations as less serious.

Herein lies the rift between the mandated reporters, representing the community, and screeners, the agents of the child protection system. Stated another way, here we have the gulf between the casefinders and the gatekeepers. This discrepancy is not new, but the current environment lends some urgency to the phenomenon (Giovannoni and Billingsley, 1970).

A closer examination of this divergence yields some important insights. Social workers revealed a general pattern of agreement on what constitutes hazardous conditions. Yet differences did emerge on what constitutes a *critical* level of jeopardy. Community-based social workers of color and those serving families of color and, to some extent, school social workers, held more stringent standards for judging neglect than other social work practitioners.

It should be noted that community-based social workers tempered their assignment of high risk with observations that environmental conditions were beyond the control of parents, and the link between poverty, racism, and neglect needed to be acknowledged. This theme is revealed in these open-ended comments:

> *Neglect seems to be poverty based. It seems we hold individual women (usually) responsible for what society is unwilling to provide, i.e. adequate day care, housing, enough money to meet basic needs, etc.*

BEST COPY AVAILABLE

Poverty, social injustice, and blatant discrimination has created an entire "class" of neglected and at-risk individuals. I see our leaders missing this completely.

The finding that social workers of color are less accepting of child maltreatment than other groups confirms findings of previous studies (Giovannoni and Becerra, 1979). The speculation that social workers of color have become hardened to the pervasive conditions of neglect and are therefore less stringent in their criteria of risk is unfounded.

The discrepancy in judging harm was striking between school social workers and screeners. The school social worker's expectation that their report of a neglected child would trigger a response from the child protection system was unfulfilled. Profound discontent pervaded the open-ended comments of school social workers. They perceived the child protection system to be unresponsive to the condition of neglected children.

It is my experience that social services does not act when there is neglect. At our school we keep notebooks on the children, documenting numerous incidents of neglect. When presented with this information, social services does nothing. They say they are overloaded, and the abuse cases come first.

I have been very frustrated with the lack of action by child protection in taking chronic neglect situations seriously as dangerous circumstances for children. We have often talked (sarcastically) how neglect doesn't exist in our county.

I am totally overwhelmed by the level of child neglect that is considered acceptable by county standards.

Three themes emerged in the open-ended comments by the school social workers on the unresponsive nature of the child protection system.

- A minimum standard of care required to sustain health and safety is disregarded.
- There is no feedback on what happened to the children and families following a report.
- The system has become especially "desensitized" to reports of adolescents living in neglectful environments.

Clearly, child protection's frequent reluctance to open cases referred by school social workers has created a rift between school social workers and the child protection system. Inasmuch as public schools stand out as the most important source of maltreatment reports (NCCAN, 1995), these are telling observations.

The child protection workers who are in the "casefinder" category also expressed dissatisfaction with the system's response to neglected children, but focused their concerns on the court system and the community. Child protection workers who are assigned cases after substantiated reports of maltreatment made the following comments:

> *Child protection caseloads are increasing at drastic rates, but dollars to serve families are not increasing at the same rate.*
>
> *It is very frustrating to work with neglecting parents. We see these families over and over and over. It is more difficult to take these families to court. The system, particularly the court, needs changing.*
>
> *When you go to court, because we have no standards, the social workers end up being the victim.*

There was concern that the community is indifferent, tolerates an escalating threshold for neglect, and does not understand the serious consequences of neglect.

> *I think the effects of neglect are insidious and society underestimates the damage to children.*
>
> *In my nine years of child protection I have, for better or worse, developed a higher tolerance (or perhaps lowered my standards) about neglect. Our society is placing our children at ever more risk.*
>
> *People don't see neglect as an "immediate danger" in most cases.*

The perspective of the screeners reflects the onerous obligation that has been assigned to them to ration scarce resources. A focus group conducted with metropolitan county screeners (personal communication, Metropolitan Screeners Group, April 20, 1993) revealed the special burden of rationing. This group, specifically trained in statutes, rule, and policy, and with several years of experience in child protection services, meets regularly

to share experiences in an effort to standardize responses in the eight metropolitan counties.

Screeners operate in a frame of reference that attempts to sort out the degree of jeopardy to children given the wide range of reports that they receive. Screeners not only assess objective details, but also make judgments on how a particular situation compares with the gamut of reports that are received. In sorting out relative danger, a child living in a "garbage house" and arriving at school in a state of physical neglect may be disregarded. The overwhelming reports of physically abused children living with mentally ill and drug abusing parents may claim the sparse investigative resources as a priority.

This state of affairs was acknowledged in the open-ended comments of screeners.

> *It is unfortunate that we can respond only to more serious risks... There is not time or personnel available to deal with small risks which eventually escalate.*

The increased pressure on child protection screeners to make decisions on whom to serve has taken its toll. A "hardening" toward neglect, reflected in the increased tolerance for a high level of risk in neglecting situations, was noted as an adaptation to the need to ration the meager resources available for investigation. In this frame of reference, the long-term effects of neglecting situations may be dismissed to concentrate on the short-term concern with its specific criterion: given the reported circumstances, can the child remain safely at home?

The dramatic surge in maltreatment reports has placed child welfare resources under tremendous strain. A budget to match the considerable cost of assessing the flood of maltreatment reports is not available. The phenomenon has not gone entirely unnoticed. The narrowing entry into the services of the child protection system as an adaptation to dwindling resources has been the subject of several studies (Stein and Rzepnicki, 1984; English, et al. 1993; Wells, et al., 1989).

Options for the Disposition of Investigations

Decisions must be made not only on whether to intervene, but also on the level of intervention that is appropriate. A second question in the study requested opinions on a plan for a chronically neglecting family situation known to the child protection

system for two years with recent reports of serious neglect. The following options were offered: home-based service; placement of children with a directive for reunification; a permanency plan leading to termination of parental rights.

The findings revealed sharp differences among the social workers. Striking the balance between protecting children and preserving families discloses the ambivalence of different sectors of the social work community on the role of the state in intervening in family life. The policy sentiment for family preservation has apparently influenced social workers with two years or less experience. Veteran social workers leaned more heavily to out-of-home placement options.

Home-based workers and community social workers in programs serving families of color also favored family preservation: home-based services within a family preservation framework was the general recommendation. Clearly, where an ongoing relationship had been established with families, as in the case of these two sectors of the social work community, there was optimism about their capacity to change.

Conclusion

What is the level of neglect that a community is willing to tolerate? The findings from this study suggest that the community sends an enigmatic signal. Practicing social workers, acting in their role as mandatory reporters and therefore as surrogates for the community, express serious concerns with the condition of children in neglecting circumstances. Narrowly targeted child protection services responding only to children in "imminent harm" are not enough. On the other hand, screeners, as gatekeepers, control and constrict access to the services of the child protection system. Both roles have been sanctioned by the community through statutes and administrative practices with little regard for the inherent contradictions.

Here we confront, most directly, the disrepair of what should be a secure bond between practicing social workers and child protection screeners. As the findings from this study disclose, we are confronted not with a bond, but with the collision of two critical components of the child welfare system: case-finders versus gatekeepers.

This brings us to a recurring debate on the mission of child protection services: whether these units should have a narrow or broad intake of maltreatment reports (Downing, Wells, and Fluke, 1990; Besharov, 1985; Wald, 1975). An argument can be made that except in the most extreme cases, child protection services is an inappropriate unit for responding to the condition of children in neglecting families. Neglect has a set of core problems associated with deprivation of basic human needs, housing, health, and income. What these families require is a broad array of services and a community support system. It is clear that the system should be refocused to acknowledge the necessity to respond promptly and effectively to maltreatment reports of neglect. If we assume that child protection services is a specialized unit with screeners accepting only "imminent harm" cases for investigation, then it is essential to have a clear policy and set of procedures for referring reports of neglect to an alternative system. For this diversion to work, a network of comprehensive programs with a continuum of responses from prevention to crisis intervention must be available.

A cornerstone of an alternative system is the availability of programs characterized by in-home services, supportive professional relationships, parent groups for socialization, parenting training, and available and accessible services for extended support services (Gaudin, 1988; McGowan, Kahn, and Kamerman, 1990). This comprehensive array of services must also include attention to housing, income, and health issues. The connection between child welfare and other systems is not clearly understood.

The detachment of the child welfare system from the mental health, chemical dependency, and juvenile corrections services has stirred the movement toward collaboratives, but the effectiveness of these scattered reorganized services for neglecting families is, as yet, unexamined. Illustratively, at present we know little about the connection between intensive family-based services and child protection. Informal observations confirm the findings of small, scattered studies that these services are not available for the vast majority of families reported for neglecting their children (Barth and Berry, 1994; Kamerman and Kahn, 1989).

The debate on how these services should be organized and financed has not, as yet, produced clear guidelines. A community dialogue can begin with a comprehensive review of

services targeted to neglecting families. This requires a study of the referral system once families are reported for neglect, and what is available in the community for meeting basic human needs as well as ameliorating social services.

The challenge is unmistakable: the integrity of the mandatory reporting system is at stake. A child welfare system that is responsive to children suffering from neglect is an urgent and compelling need. Sound child welfare policy will require reliable data on the scope of the situations which mandatory reporters have brought to the attention of the child protection system, and then, reliable studies on the referral system and follow-up. To restore confidence in the child welfare system, the two sectors of the community—casefinders and gatekeepers—must find common ground in addressing the needs of neglected children.

References

Amendments to the Minnesota Reporting of Maltreatment to Minors Act. (1992, 1993). M.S. 626.556.

Barth, R.P. and Berry, M. (1994). Implications of research on the welfare of children under permanency planning. In R. P. Barth, J. D. Berrick, and N. Gilbert (Eds.), *Child Welfare Research Review*, 1 (pp. 323-368). New York: Columbia University Press.

Besharov, D.J. (1985). Doing something about child abuse: The need to narrow the grounds for state intervention. *Harvard Journal of Law and Public Policy*, 8 (3), 539-589.

Boehm, B. (1964). The community and the social agency define neglect. *Child Welfare*, 43 (9), 453-464.

Chilman, C. (1988). Troubled relationships between parents and children. In E. Nunnally, C. Chilman, and F. Cox (Eds.), *Families in Trouble*, Vol. 3 (pp. 96-116). Beverly Hills, Calif.: Sage.

Downing, J., Wells, S., and Fluke, J. (1990). Gatekeeping in child protective services: A survey of screening policies. *Child Welfare*, LXIX (4), 357-369.

Egeland, B., Sroufe, A., and Erickson, M. (1983). The developmental consequences of different patterns of maltreatment. *Child Abuse and Neglect*, 7, 459-469.

English, D.J. (1994, April). "Risk Assessment - What do we know? Findings from three research studies on children reported to child protective services." Paper presented at the conference, Children

in the Shadows: The Fate of Children in Neglecting Families. University of Minnesota, Minneapolis, Minn.

English, D.J., Aubin, S.W., Pine, D., and Pecora, P.J. (1993, February). *Improving the Accuracy and Cultural Sensitivity of Risk Assessment in Child Abuse and Neglect Cases.* (Federal grant nos. 90-CA-1456(01 and 02.) Washington, D.C.: Human Development Services, Administration for Children, Youth, and Family Services, National Center on Child Abuse and Neglect.

Gaudin, J.M., Jr. (1988). Treatment of families who neglect their children. In E.W. Nunnally, C.S. Chilman, and F.M. Cox (Eds.), *Mental Illness, Delinquency, Addictions, and Neglect: Families in Trouble Series*, Vol. 4 (pp. 167-188). Newbury Park, Calif.: Sage.

Giovannoni, J.M. (1989). Substantiated and unsubstantiated reports of child maltreatment. *Children and Youth Services Review*, 11, 299-318.

Giovannoni, J.M. and Becerra, R.M. (1979). *Defining Child Abuse.* New York: The Free Press.

Giovannoni, J.M. and Billingsley, A. (1970). Child neglect among the poor: A study of parental adequacy in families of three ethnic groups. *Child Welfare*, 49 (4) 196-204.

Kadushin, A. (1988). Neglect in families. In E.W. Nunnally, C.S. Chilman, and F.M. Cox (Eds.), *Mental Illness, Delinquency, Addictions, and Neglect: Families in Trouble Series*, Vol. 4 (pp. 147-166). Newbury Park, Calif.: Sage.

Kamerman, S.B. and Kahn, A.J. (1989, June). *Social Services for Children, Youth and Families in the United States.* Greenwich, Conn.: The Annie E. Casey Foundation.

McGowan, B.G., Kahn, A.J., and Kamerman, S.B. (1990). *Social Services for Children, Youth and Families: The New York City Study.* New York: Cross National Studies, Columbia University School of Social Work.

Mandatory Reporting Statute. (1994). M.S. Chapter 221.

Minnesota Reporting of Maltreatment to Minors Act. (1992). M.S. Sect. 626.556, subdivision 2.

National Center on Child Abuse and Neglect. (1993, June). *A Review of Selected Journal Articles on Child Neglect Research: 1988-1991.* Chicago: Author. (Copies available from the National Clearinghouse on Child Abuse and Neglect Information: 1(800)394-3366; (703)385-7565.)

National Center on Child Abuse and Neglect. (1995). *Child Maltreatment 1993: Reports From the States to the National Center on Child*

Abuse and Neglect. U.S. Department of Health and Human Services. Washington, D.C.: U.S. Government Printing Office.

National Commission on Child Welfare: Family Preservation. (1990). *Factbook on Public Child Welfare Services*. Washington, D.C.: American Public Welfare Association.

Starr, R.H., Jr. and Wolfe, D.A. (Eds.) (1991). *The Effects of Child Abuse and Neglect: Issues and Research*. New York: Guildford Press.

Stein, T.J. and Rzepnicki, T.L. (1984). *Decision Making in Child Welfare: Intake and Planning*. Boston, Mass.: Klewer-Nighoff.

U.S. Advisory Board on Child Abuse and Neglect (1995). *A Nation's Shame: Fatal Child Abuse and Neglect in the United States*. U.S. Department of Health and Human Services. Washington D.C. (For information regarding the report, contact the National Clearinghouse on Child Abuse and Neglect Information: 1(800)394-3366; (703)385-7565.)

Wald, M. (1975, April). State intervention on behalf of "neglected" children: A search for realistic standards. *Stanford Law Review*, 27, 985-1,040.

Wells, S., Stein, T.J., Fluke, J., and Downing, J. (1989). Screening in child protective services. *Social Work*, 34 (1), 45-48.

Wolock, I. and Horowitz, B. (1984). Child maltreatment as a social problem: The neglect of neglect. *American Journal of Orthopsychiatry*, 54 (4), 530-542.

Bibliography

Barth, R.P. (1994). Shared family care: Child protection and family preservation. *Social Work*, 39 (5), 515-524.

Barth, R.P., Courtney, M.E., Needell, B., and Johnson-Reid, M. (1994b). *Performance Indicators for Child Welfare Services in California*. Berkeley, Calif.: Family Welfare Research Center.

Boehm, B. (undated). *Protective Services for Neglected Children*. Minnesota Department of Public Welfare.

Buttrick, S.M. (Ed.) (1992). *Research on Children*, Washington, D.C.: NASW Press. (Reprinted from *Social Work Research and Abstracts*, March 1992, 28 (1).)

Cantwell, H.B. (1978). *Standards of Child Neglect*. Colorado: Denver Department of Social Services.

Cicchetti, D. and Carlson, V. (Eds.) (1989). *Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect*. New York: Cambridge University Press.

Cicchinelli, L.F. (Ed.) (1991). *Symposium on Risk Assessment in Child Protective Services.* Proceedings of symposium sponsored by National Center on Child Abuse and Neglect, December 9-11, 1991. Washington, D.C.: U.S. Government Printing Office.

Costin, L.B. (1992). Cruelty to children: A dormant issue and its rediscovery, 1920-1960. *Social Service Review*, 66 (2), 177-198.

Crittenden, P.M. (1992). The social ecology of treatment: Case study of a service system for maltreated children. *American Journal of Orthopsychiatry*, 62 (1), 22-34.

Dore, M.M. and Kennedy, K.G. (1981). Two decades of turmoil: Child welfare services, 1960-1980. *Child Welfare*, LX (6), 372-382.

Egeland, B. (1991). A longitudinal study of high-risk families: Issues and findings. In R.H. Starr, Jr. and D.A. Wolfe (Eds.), *The Effects of Child Abuse and Neglect: Issues and Research* (pp. 33-56). New York: Guildford Press.

Geismar, L.L. (1980). *Family and Community Functioning: A Manual of Measurement for Social Work Practice and Policy.* Metuchen, N.J.: The Scarecrow Press, Inc.

Graziano, A.M. and Mills, J.R. (1992). Treatment for abused children: When is a partial solution acceptable? *Child Neglect*, 16, 217-228.

Lewit, E.M. (1993). Child indicators: Children in foster care. *The Future of Children*, 3 (3), 192-200.

Lombard, F.K., Michalak, M.J., and Pearlman, T.A. (1986). Identifying the abused child: A study of reporting practices of teachers. *University of Detroit Law Review*, 63, 657-681.

McCurdy, K. and Daro, D. (1994, April). *Current Trends in Child Abuse: The Results of the 1993 Annual Fifty State Survey.* (Working Paper Number 808). Chicago: The National Center on Child Abuse Prevention Research of the National Committee to Prevent Child Abuse.

Magura, S., Moses, B.S., and Jones, M.A. (1987). *Assessing Risk and Measuring Change in Families.* Washington, D.C.: Child Welfare League of America.

Meezan, W. And McCroskey, J. (1993, March). *Family Centered Home Based Interventions for Abusive and Neglectful Families in Los Angeles.* California: University of Southern California, School of Social Work. (Preliminary results not to be quoted).

Minuchin, P. (1992). A systems approach to foster care. In *The Prevention Report.* Iowa: The University of Iowa School of Social Work.

National Center for Child Abuse and Neglect. (1992). *Foster Care: Parental Drug Abuse has Alarming Impact on Young Children.* (GAO/HEHS-94-89.) Washington, D.C.: U.S. General Accounting Office.

National Commission on Children. (1991). *Beyond Rhetoric: A New American Agenda for Children and Families*. Washington, D.C.: U.S. Government Printing Office.

Nelson, K.E. and Landsman, M. (1992, June). Family functioning of neglectful families: Preliminary findings. (NCCAN Grant No. 90-CA-1415/03.) Oakdale-University of Iowa: National Resource Center on Family Based Services.

Nelson, K.E., Saunders, E.J., and Landsman, M.J. (1993). Chronic child neglect in perspective. *Social Work*, 38 (6), 661-671.

Office of Public Affairs. (1994). *Reports and Testimony: April 1994*. (GAO/OPA-94-7.) Washington, D.C.: U.S. General Accounting Office.

Paget, K.D., Philip, J.D., and Abramczyk, L.W. (1993). Recent developments in child neglect. *Advances in Clinical Child Psychology*, (15), 121-174. New York: Plenum Press.

Polansky, N.A. and Gaudin, Jr., J.M. (1983). Social distancing in the neglectful family. *Social Services Review*, 57, 196-208.

Wattenberg, E. (1994). *A Report on Children in Neglecting Families: The State of Minnesota 1982/1992*. Minneapolis, Minn.: Center for Urban and Regional Affairs.

Wolock, I. (1982). Community characteristics and staff judgments in child abuse and neglect cases. *Social Work Research and Abstracts*, 18 (2), 9-15 .

Appendix 1

PROTECTIVE INTERVENTION ASSESSMENT
DESCRIPTION OF RISKS

FACTORS	FAMILY STRENGTHS NO RISK	LOW RISK	INTERMEDIATE RISK	HIGH RISK
I Vulnerability of child: age, physical, mental and developmental abilities	Child cares for and protects self without adult assistance; child involved in community resources	10 yrs. and older and/or cares for and protects self with or without limited adult assistance; no physical or mental handicaps/limitations.	5 - 9 years of age and/or requires adult assistance to care for and protect self; emotionally withdrawn; minor physical illness/mental handicap; mild to moderately impaired development.	Less than 5 years of age; unable to care for and protect self without adult assistance; severe physical illness/mental handicap; over-active; is difficult to manage; severely impaired development.
II Location, severity, recency and/or frequency of abuse.	Family does not use excessive physical or emotional punishment. Family uses alternative methods of discipline.	No injury or minor injury; no medical attention required; no discernible effect on child; isolated incident. Emotional punishment may be belittling and degrading to the child but is not hostile in nature.	Minor physical injury or has an unexplained injury requiring some form of medical treatment/diagnosis; ongoing history or pattern of punishment/discipline to the child; cuts or bruises on torso; use of unreasonable restraint/confinement; inappropriate sexual touching; inappropriate exposure to sexual activities of others. Emotional punishment is disproportionate, unpredictable, negative and/or hostile in relation to the behavior of the child(ren).	Child requires immediate medical treatment and/or permanent dysfunction of organ/limbs; ongoing history or pattern of harsh punishment/discipline to the child; child at severe risk of harm of sexual abuse, including intercourse or sodomy; blow to the head, face or genitals; burns; bizarre punishments; injury the result of intent to harm child. Emotional punishment is consistent and deliberate infliction that is observable, sustained and has an adverse effect on the child(ren).
III Severity and/or frequency of neglect, condition of the home	Home is clean with no apparent safety or health hazards; all food and medical needs met on a continuing basis.	No discernible effect on child; isolated incident. Child knows emergency procedures and is able to initiate them when necessary.	Caretaker suspected of failing to meet child's minimum medical, food, clothing and/or shelter needs; unconfirmed history or pattern of leaving child unsupervised; trash and garbage in uncovered containers and overflowing; rodent and animal droppings; open/spoiled food observed.	Caretaker is unable/unwilling to meet child's minimum medical, food, clothing and/or shelter needs for reasons other than poverty; confirmed history or pattern of leaving child unsupervised/unprotected for excessive periods of time; home in dangerous condition (i.e. leaking roof, exposed wiring, no heat, broken windows, gaping holes). Child has sustained injury or illness that required medical treatment due to the condition of the home.
IV Caretaker's age, physical, intellectual or emotional abilities/control	Realistic expectations; can plan to correct child's behavior; average or above physical/emotional functioning; can consciously control own behavior.	May have intellectual, physical or emotional limitations; involved in ongoing treatment program or mental health counseling.	May be physically/emotionally handicapped; moderate intellectual limitations; past violent criminal record/history; poor reasoning abilities; needs planning assistance to protect child.	Severely handicapped; poor conception of reality; unrealistic expectations of child's behavior; severe intellectual limitations; incapacity due to alcohol/drug intoxication and/or dependency; not taking prescribed medication to control condition/handicap; lack of impulse control; excessive use of physical punishment; use of rigid ideology to support severe physical discipline; domestic and/or sexual abuse history.
V Caretaker's level of cooperation	Recognizes problem; actively works to resolve it.	Initially unaware of problem; actively works to resolve it and/or accept services; demonstrates genuine concern; awareness; willing to learn alternative methods to resolve problem.	Overly compliant with worker presence and ability of non-perpetrator to assure minimal cooperation with agency and to protect the child; non-perpetrator understands role and responsibility to cooperate to minimize risk; chemical dependency interferes with ability to follow through.	Doesn't believe there is a problem; refuses to cooperate and/or accept responsibility; uninterested or evasive; upset with this assessment to the point of threatening the child.

BEST COPY AVAILABLE

Appendix 1, continued

PROTECTIVE INTERVENTION ASSESSMENT
DESCRIPTION OF RISKS

FACTORS	FAMILY STRENGTHS NO RISK	LOW RISK	INTERMEDIATE RISK	HIGH RISK
VI. Caretaker's parenting skills and/or knowledge	Caretaker well attached to child; exhibits appropriate parenting skills and knowledge pertaining to child-rearing techniques or responsibilities and child development; appropriately expresses affection; is able to distinguish the child's behavior from the child as a person.	Caretaker exhibits knowledge of appropriate skills pertaining to child-rearing techniques or responsibilities but is unable to consistently apply them; at times has difficulty in expressing affection.	Inconsistent display of the necessary skills and/or knowledge required to provide child care; inconsistent expression of affection; history of abuse in family of origin.	Caretaker is unwilling/ incapable of providing and/or has minimal knowledge needed to assure minimal level of care. Rarely expresses positive affection or is consistently negative towards child(ren).
VII. Alleged perpetrator/ perpetrator's access to child.	Caretaker in the home is willing and able to protect the child from harm. Out of home, no access to child.	Out of home, minimal access/risk to child.	In home, access to child is difficult; child is under constant supervision of other adult in the house.	In-home, complete access to child; uncertainty if other adult can or will deny access to child; caretaker unwilling/unable to protect child.
VIII. Presence of a parent substitute or other person in the home.	Parent substitute or other person in the home is not the alleged perpetrator and is protective and nurturing toward the child.	No parent substitute or other person in the home; parent substitute or other person in home is viewed as supportive/ stabilizing influence.	Parent substitute or other person is in the home on an infrequent basis and assumes only minimal caretaker responsibility for child; chemical abuse by parent substitute or other person in home.	Parent substitute or other person resides with the family and is the alleged perpetrator or is unable/unwilling to prevent harm to the child.
IX. Previous history of abuse/neglect.	No previous history of abuse/neglect; child and family do not report history of significant family problems.	No previous history of abuse/neglect. Family accepted social services or took other corrective action following prior reports and assessment, if needed.	Previous determination of not serious abuse/neglect; no protective services provided to child, family, or perpetrator; family has moved a lot for unascertainable reasons.	Pending child abuse/neglect assessment; previous determination of serious abuse/neglect; multiple reports of abuse/neglect involving family, child or alleged perpetrator; abuse/ neglect has been progressive; other children removed or parental rights terminated in past due to abuse/ neglect or under protective supervision; prior child death due to family maltreatment.
X. Strength of family support systems.	The extended family is very supportive and within the same geographic area. The family is interactive with a supportive faith community, active in community groups and has a strong neighborhood support system.	Family supportive but not in geographic area; some support from friends and neighbors.	Limited community and family resources or services available.	Caretaker/family has no relatives or friends available; is geographically isolated from community services; no phone or means of transportation available; supports are problematic and contribute to the increased risk.
XI. Stresses.	Strong and appropriate communication among family members; steady employment or income; means of transportation available; strong relationship with relatives; resources available and utilized for stressful or crisis situations.	Recent stresses in family; lack of or inconsistent supportive resources; difficulty in coping with change.	Recurrent stresses in family; pregnancy or recent birth of a child; insufficient income and/or food; inadequate home management skills/knowledge; relationship with relatives characterized by mutual hostility.	Death of spouse or family member; recently changed marital or relationship status; marital conflict/ spouse abuse; chaotic lifestyle; chemical dependency; acute psychiatric episodes.

BEST COPY AVAILABLE

SURVEY ABOUT CHILDREN AND NEGLECT

Please circle the number which corresponds to the answer closest to your opinion. There are no right or wrong answers. We are interested in your personal opinions. All individual responses will be kept confidential.

Q1. If YOU knew of a situation listed below, how would you rate the level of risk to the child? Assume the situation is NOT a one-time occurrence and that the child has no mental or physical disability. (Circle one answer for each item)

	Low Risk				Medium Risk				High Risk
a. A child under five years of age is left alone at home, without supervision, for one hour	1	2	3	4	5	6	7	8	9
b. A child five to nine years old is left alone for three hours or more, in charge of children younger than five, with no phone and with no adult close by	1	2	3	4	5	6	7	8	9
c. A ten year old child is left alone for 24 hours or more without adult supervision	1	2	3	4	5	6	7	8	9
d. A ten year old child is left alone with younger children overnight, without adult supervision	1	2	3	4	5	6	7	8	9
e. A child under age 3 arrives, on more than one occasion, at pre-school, daycare, or at a play situation, without a winter jacket and the temperature is 32 degrees (freezing) or below	1	2	3	4	5	6	7	8	9
f. A child ten or under often has clothing that is soiled and "smelly"	1	2	3	4	5	6	7	8	9
g. There is no food in the home, and a child ten or under has had no food all day	1	2	3	4	5	6	7	8	9

BEST COPY AVAILABLE

	Low Risk				Medium Risk				High Risk
h. A child is ten or under and ONLY junk food, such as soda pop and potato chips, has been available for two days	1	2	3	4	5	6	7	8	9
i. A child is ten or under and there has not been basic food, such as milk, bread, cereal, or fruit, in the house for a week	1	2	3	4	5	6	7	8	9
j. An unsupervised child is ten or under and the smoke detector in the home does not work	1	2	3	4	5	6	7	8	9
k. There is an emergency situation, and an unsupervised child age ten or under does not have a plan on how to deal with emergencies	1	2	3	4	5	6	7	8	9
l. A child is ten or under and the home has a roof that leaks, exposed wiring, broken windows, and large holes in the floor	1	2	3	4	5	6	7	8	9
m. A child is under five and there are broken glass, animal droppings, and spoiled food in the home	1	2	3	4	5	6	7	8	9
n. A child is under five and there are trash and garbage in uncovered containers which are overflowing	1	2	3	4	5	6	7	8	9
o. Opened, unattended bottles of alcohol are on the kitchen table, in places easily available to a child under five years old	1	2	3	4	5	6	7	8	9
p. There is evidence of drugs, open and within reach of a child ten or under	1	2	3	4	5	6	7	8	9
q. There is evidence that a child age ten or under has been present during adult drug dealing	1	2	3	4	5	6	7	8	9

BEST COPY AVAILABLE

Q2. Assume there is a family that has been supervised by child protection for "neglect" for the last two years. The last report on the family included these details:

- o A child five to nine years old was left alone for three hours or more, in charge of children younger than five, with no phone and with no adult close by
- o There was no food is the home, and a child ten or under had no food all day
- o There were broken glass, animal droppings, and spoiled food in the home
- o There was evidence of drugs, open and within reach of a child ten or under

On the basis of the information listed in Q2 above, what would YOU recommend for this family? (Circle one)

1. A social service intervention plan with the child(ren) remaining in the home
2. Placement of the child(ren) in foster care
3. The initiation of proceedings to terminate parental rights

Please answer the following questions about yourself. This information will be used only to compare people's answers. It will not be used to identify you in any way.

Q3. In what year were you born?

____ ____ ____ ____

Q4. Are you male or female?

1. Male
2. Female

Q5. What is the highest grade or year of regular school you have completed? (Circle one)

1. Less than high school
2. Some high school
3. High school graduate
4. Some technical school
5. Technical school graduate
6. Some college
7. College graduate
8. Post graduate or professional degree
9. Other (SPECIFY) _____

Q6. What best describes the location of your residence? (Circle one)

1. Rural
2. Small town
3. Suburban
4. Large city

BEST COPY AVAILABLE

Q7. What county do you live in?

_____

Q8. What race do you consider yourself? (Circle one)

1. White
2. Black/African American
3. Asian/Pacific Islander
4. American Indian
5. Latina/Chicana
6. Other (SPECIFY) _____

Q9. What was the total income received in 1993 by all members of your household before taxes? (Circle one)

1. Less than $10,000
2. $10,000 to $24,999
3. $25,000 to $34,999
4. $35,000 to $49,999
5. $50,000 to $69,999
6. $70,000 to $99,999
7. $100,000 or more

Q10. Is your household involved with child protection services? (Circle one)

1. No, and we have never been
2. Not now, but we were in the past
3. Yes, we are now

Q11. Were you, yourself, ever placed in a foster home?

1. Yes
2. No

Q12. What category best describes your household? (Circle one)

1. Single parent family
2. Two parent family
3. Other (SPECIFY) _____

Q13. How many adults live in your household?

____ Number of adults

Q14. What else would you like to tell us about your experiences with children and neglect?

Thank you very much for your time and effort. Please return this survey in the enclosed postage paid envelope to:

Minnesota Center for Survey Research
University of Minnesota
2331 University Avenue SE, Suite 141
Minneapolis, Minnesota 55414-3067

BEST COPY AVAILABLE

Reconceptualizing Social Support: The Results of a Study on the Social Networks of Neglecting Mothers*

by Sandra Beeman

Introduction

Child welfare practitioners and researchers have long been interested in the role of social support in the promotion and maintenance of the health and well-being of individuals and families. Research on families and children has emphasized the contribution of social support to successful parenting, and interventions with high-risk and maltreating parents have focused on increasing social support resources. However, conceptual and methodological weaknesses in past research on social support and child maltreatment have limited its application to the design of effective social support interventions to prevent and mediate parenting difficulties.

This paper reports the results of a research project which studied the social network relationships of neglecting and non-neglecting parents. After providing a brief background on the conceptualization and study of social support in child maltreatment, the results of the study are described and recommendations are made for reconceptualizing social support so that it can be more effectively applied in practice with maltreating and high-risk families.

Defining and Measuring Social Support

The relationship between social support and parenting has been extensively discussed in the literature. Child development and

* Support for the research reported in this article was provided by NIMH Grant 5T32-MH17152, NIMH Grant 1F31-MH09856, and by a grant from the Fahs-Beck Fund for Research and Experimentation. The author thanks Sharon B. Berlin, Dolores G. Norton, Gerald D. Suttles, and Edwina Uehara for their guidance and assistance throughout the process of conducting this study.

family research has emphasized the contribution of social support to successful parenting (Belsky, 1984; Cochran and Brassard, 1979; Cochran et al., 1990), while research on child abuse and neglect has found that parents who maltreat their children are socially isolated—that they lack the support from friends and family that parents need to successfully raise their children (Garbarino and Crouter, 1978; Polansky et al., 1981; Wolock and Horowitz, 1979). Consequently, enthusiasm for the use of informal social support networks in both prevention and treatment of child abuse and neglect has grown. Recently, Maluccio (1989) suggested that in combination with other services, social support has the potential to help prevent child maltreatment, to reduce the need for out-of-home placements, and to promote the growth and development of children and youth. It has been suggested that interventions increase the supportive resources available to parents by connecting them to family members, friends, community members, and other parents.

However, conceptual and methodological weaknesses in past research on child maltreatment have limited its application to the design of effective social support interventions to prevent and mediate parenting difficulties. One source of weakness has been in the definition and measurement of social support. Social support has been defined and measured in a variety of ways (Table 1), which can be categorized as follows: 1) indirect measures such as number of friends or family members, frequency of contact, marital status, geographical accessibility; 2) direct measures of receipt of material, emotional, and informational support; and 3) perceptual measures—"the perception by the recipient that she or he is loved, valued, and able to count on others should the need arise." (Cobb, 1976). In many disciplines, researchers have begun to recognize that it is this *perceptual* dimension of social support that is most important for health, well-being, and healthy functioning (Sarason, Pierce and Sarason, 1990).

Although some research on parenting has focused on this perceptual dimension of social support (Coletta, 1979; Crnic et al., 1984; Turner and Avison, 1985; Weinraub and Wolf, 1983), most research on abuse and neglect has focused on indirect measures of social support.* For example, social support has been defined as a person's marital status, the number of friends and or relatives a

* This research is thoroughly reviewed in Beeman, 1993.

Table 1. Approaches to Measuring Social Support

Indirect measures of social support:	• Geographical accessibility • Number of family/friends • Marital status • Frequency of contact
Direct measure of receipt of social support:	• Receipt of material support • Receipt of emotional support • Receipt of advice or informational support
Perceptual measure of social support:	• Feels supported • Can count on others

person has, the frequency of contact with friends and/or relatives, or the geographical availability of friends and/or relatives (Seagull, 1987). Thus it has been assumed that if a person has supportive resources available, if they have friends and family nearby, and if they have frequent contact with them, then they are socially supported. Defining social support in this way, as the *availability* of supportive resources, does not really tell us very much about the *supportiveness* of relationships, thus limiting its usefulness in practice. In order to make the concept of social support of use in practice with parents and families, we need to know more about the parents' perceptions of the nature of their relationships with members of their social networks.

Second, little is known about the way in which social support and social relationships function to positively influence parenting behavior among high-risk and maltreating parents. While it has been suggested that it is an individual's perception of being supported that is important, it is not clear which aspects of relationships and interactions are related to that perception. In addition, few studies have focused on both neglecting parents and on parents who are successfully raising their children in a high-risk environment in order to identify the characteristics of social support and social relationships that might contribute to successful parenting. In order to accurately identify supportive relationships, and to understand how such relationships impact

parenting so that they may be integrated into and influenced by our practice, the measurement and study of social support must consider the complexity of social relationships.

Methods

Approach to Study

The research reported here addressed some of the weaknesses of past research in an attempt to gain a better understanding of the concept of social support and its relation to successful parenting and child neglect. The study compared the characteristics of social networks and social network relationships of two groups of low-income, single-parent, African American mothers living in an inner-city neighborhood. One group of mothers had substantiated cases of child neglect; the other group was identified by key community contacts as successfully raising their children in a high-risk urban environment.

The research methods used included social network analysis and a qualitative approach to research. These methods allowed for the identification of a broad range of types of social relationships, and incorporated a critical factor into the study of social support among neglecting parents—the interpretation and meaning of social ties from the parents' point of view. Rather than "predefining" the meaning of a social tie—for example assuming that because a social tie exists, a person is supported, or that because a person provides assistance, they are always seen as supportive, or that because a relationship is supportive some of the time that it is supportive all of the time and in all ways—this research allowed the complex nature of relationships to be revealed.

An example from the research illustrates.* Caroline was identified by the state child welfare agency as having a substantiated child neglect case. At the time of the interviews she lived on the second floor of her parents' home. One of the people that Caroline included in her social network was her mother and, at first, she described their relationship in this way:

> *I can talk to my mom about anything in the world...and she won't use it against me.*

* Direct quotes from interview transcripts with research respondents are used throughout this paper.

During a later interview, as she talked about some of the different ways her mother was involved in her life, Caroline described their relationship in a different way:

> *I give her (her daughter) the twenty-five dollars to go get her a pair of shoes. And she comes back, naturally, with gym shoes...so now my mother, she's really fussing, she's mad—"You went behind my back, you did this, you did that." And I just thought, I said well, this is my daughter, if I wanna buy her a thousand and one pair of gym shoes its my business. "Caroline, you buy her too much, you give her too much"—which I don't think I do. Sometimes, she make me feel like I'm guilty...Me and my mom, we stay in conflict constantly about her.*

Thus, by considering different aspects of an individual's social relationships from her perspective, it is clear that relationships cannot simply be designated as supportive or not supportive.

Sample

In selecting parents to include in the study, a type of purposive sampling was used: nine neglecting mothers were identified and recruited through the state child welfare agency; ten nonneglecting mothers were identified and recruited with the help of staff and natural helpers from a neighborhood self-help program—first by helping to develop a community definition of successful or good parenting, and then by identifying women in their community who they believed were successfully raising their children. Characteristics such as community of residence, economic status, and age were held constant in order to control for differences in social networks related to those characteristics.

Data Collection and Data Analysis

A series of intensive, semi-structured interviews were conducted with each woman over a period of eighteen months—most often in respondents' homes. Information on social networks and social relationships was gathered in a variety of ways in order to potentially include a whole range of social relationships for each respondent: positive supportive ties, negative ties, ties with individuals who had relationships with the children but not the respondent (e.g. ex-husband), ties with individuals who had

provided help in the past but not presently, and ties with those who could potentially be counted on when needed.

Data were analyzed in two ways. First, the quantitative characteristics of social networks which were included in the study based on past theory and research were analyzed and compared. Second interview transcripts were analyzed using a type of inductive analysis in order to identify unanticipated characteristics of social networks and social network relationships.*

Findings

Structural and Interactional Characteristics

Similarities and differences in a variety of structural characteristics and interactional characteristics of social networks were first examined. Structural characteristics are aspects of the network as a whole and include such things as size, composition, geographical dispersion, and density. Interactional characteristics refer to aspects of each individual relationship between the respondent and her network members, and include such things as length or duration of a relationship, frequency of contact, content, strength, and reciprocity (Mitchell, 1969).

Tables 2 and 3 illustrate that neglecting and nonneglecting mothers did not differ greatly on these characteristics. Neglecting and nonneglecting mothers had networks of similar size and similar composition in terms of relationship to respondent and personal and demographic characteristics. The only important and somewhat surprising difference in composition—the significance of which will be discussed later—was the inclusion of their children's fathers by a larger proportion of neglecting mothers. Both neglecting and nonneglecting mothers had network members who lived nearby and thus were geographically accessible; they had similar proportions of long- and short-term relationships with network members; and all had frequent contact with at least some members (although neglecting mothers who included their children's fathers had much more frequent contact with them than did nonneglecting mothers who included their children's fathers.) Furthermore, neglecting and nonneglecting mothers received all types of help from similar proportions of

* Sampling, data collection, and data analysis methods are fully described in Beeman, 1993.

their network members; although neglecting mothers were more likely to receive help from non-kin members. Most importantly, neglecting mothers in this study were not isolated from potential sources of support, and they, in fact, received all types of support from their network members.

The direction or reciprocity of a relationship is a difficult concept to define. Within some relationships of both neglecting and nonneglecting mothers in this study there was reciprocal lending or giving of a few dollars, food stamps, food, or babysitting; within others, things were given according to need, "She gives me money now 'cause I need it, I'll give it to her later when she needs it," and within others, "I give her money, she gives me emotional support, it evens out." Some relationships for both neglecting and nonneglecting mothers were obviously one-way, some two-way—at least at the time of the interviews. But a more important notion seemed to be the respondent's perception of the evenness or fairness of the relationship. Does the respondent feel that she and the network member are giving and taking fairly or does it seem unbalanced in one direction or another. This meaning of reciprocity is discussed later in this paper.

Similarly, the strength or intensity of a relationship, defined as the number of different types of help received from a network member, was analyzed. It was found that neglecting and nonneglecting mothers were similar—in fact, the neglecting mothers had a slightly higher proportion of multiplex relationships. However, another approach to measuring strength is in terms of what J. Clyde Mitchell (1969) calls "the degree to which individuals are prepared to honor obligations." While attempts to quantify this definition of strength were unsatisfactory, a more perspective-driven indicator of strength will be presented later in the next section.

Table 2. Selected Structural Characteristics of Respondents' Social Networks

	Neglecting Mothers (n = 9)	Non-neglecting Mothers (n = 10)
Size (number of network members)		
Mean	8.67	9.20
Range	5 - 14	4 - 17
Composition		
Kin (proportion)*		
Mean	.79	.79
Range	.56 - 1.00	.40 - 1.00
Non-kin (proportion)*		
Mean	.21	.21
Range	0.0 - .44	0.0 - .60
Employed (proportion)		
Mean	.59	.64
Range	.30 - 1.00	.30 - .88
Public Aid Recipients (proportion)		
Mean	.31	.23
Range	0.0 - .67	0.0 - .50
Men (proportion)		
Mean	.36	.44
Range	.17 - .62	.20 - .55
Women (proportion)		
Mean	.64	.56
Range	.38 - .83	.45 - .80
Parents (proportion)		
Mean	.88	.78
Range	.75 - 1.0	.55 - 1.0
Number of respondents who included child(ren)'s father in network	8 (.89)	6 (.60)
Number of respondents who included professionals in network	1 (.11) (DCFS Caseworker)	3 (.30) (Pastor, Pastor, Tutor)
Geographical Dispersion		
Number of respondents with network member in same household	6 (.67)	3 (.30)
Number of respondents with network member at least in same building	8 (.89)	4 (.40)
Number of respondents with network member at least as close neighbor (1-2 blocks away)	9 (1.00)	6 (.60)
Network Density*		
Mean	78.1	91.1
Range	48.9 - 92.4	70.0 - 100.0

* Kin = birth family, husband, father of children, in-laws
* Non-kin = boyfriend if not father of children, friend, neighbors, professionals
* Density = $200a/n(n-1)$; a = ties that exist; n = number in network excluding respondent

BEST COPY AVAILABLE

Table 3. Selected Interactional Characteristics of Respondents' Social Networks

	Neglecting Mothers (n = 9)	Non-neglecting Mothers (n = 10)
Length of Relationship		
Proportion of network members known five years or less		
Mean	.18	.18
Range	0.0 - .38	0.0 - .60
Proportion of network members known more than five years		
Mean	.82	.82
Range	.62 - 1.00	.40 - 1.00
Frequency of Contact		
Proportion of network members with whom respondent had daily contact		
Mean	.49	.34
Range	.11 - .75	0.0 - .75
Number of respondents with daily to weekly contact with father of child(ren)	8 (1.00) (n = 8)	3 (.50) (n = 6)
Content		
Material Assistance (proportion)*		
Mean	.56	.49
Range	.44 - .83	.18 - 1.00
Childcare Assistance (proportion)		
Mean	.51	.33
Range	.38 - .71	.90 - .75
Childrearing Advice (proportion)		
Mean	.24	.17
Range	.07 - .29	0.0 - .67
Emotional Support (proportion)		
Mean	.33	.36
Range	.11 - .71	.09 - .83
Physical Assistance (proportion)		
Mean	.09	.13
Range	0.0 - .21	0.0 - .33
Talking/socializing (proportion)		
Mean	.25	.36
Range	0.0 - .63	.06 - .80
Number of respondents receiving assistance from non-kin network members		
Material	6 (.67)	4 (.40)
Emotional	6 (.67)	6 (.60)
Childcare	5 (.56)	3 (.30)
Advice	3 (.33)	1 (.10)
Multiplicity		
Multiplex relationship (proportion)		
Mean	.63	.56
Range	.44 - .75	.18 - 1.0

* Proportion of network members giving this type of assistance to respondent.

Differentiating Characteristics

Although the structural and interactional characteristics did not differentiate the two groups of women—and in fact indicated that both groups of women had network members available to provide support, and members who provided support—analysis revealed that the neglecting and nonneglecting mothers did differ systematically along several inductively-derived dimensions. These differences are listed in Table 4.

Table 4. Perceptual Characteristics

1. Expectations of relationships
2. Perspectives on when to ask for help
3. Characteristics of the nature of interactions with network members when seeking, receiving, and giving help:
    a) intensity/ability to count on others
    b) mutuality/fairness
4. Affective qualities of relationships
5. Satisfaction with relationships and support

Expectations of Others

First, neglecting and nonneglecting mothers differed in terms of their expectations of relationships with others. The nonneglecting mothers operated with a model that combined independence and a belief in mutual aid. While all of the nonneglecting mothers received help from network members, they felt that they should not and did not rely on or depend on others to get by—that "grown people should take care of their own things." Help from others was seen as a benefit, not a right. For example one mother said about the help she received:

> *I would say I'm blessed because no one, when you're grown, people don't have to do anything for you...I'm not thrivin' on what they're givin'...I'm not depending on what they're givin'.*

There was a belief that by showing your independence, by trying to "do things on your own" first, one could rely on others when they really needed them.

That's how its supposed to be. When you get independent and try to do things on your own, you don't rely on other people all the time, and when you need that help, then they'll come through, of course.

This model included an understanding of the limitations of others ability to help them. One respondent described her brother as doing less for her now, in terms of material support, than he had in the past.

You know, I would prefer for it to be that way, because people can only do something for you so long. I think that he has done a great job because he has done things that he really didn't have to do.

While nearly all of the nonneglecting mothers expressed the opinion that adults should be independent, this belief was not expressed by *any* of the neglecting mothers. Instead, neglecting mothers were more likely to talk about depending upon others to get by. One neglecting mother, when I asked her what it meant to her to have her network members involved in her life, said:

They're my only help and I really need it.

Some neglecting mothers approached relationships in terms of what could do for them. One neglecting mother spoke of it this way:

You never have to pay them back...you just make sure that you take perfect care of the things that people give you so that you can always get something...its as simple as that.

Neglecting mothers seemed not to recognize the limitations of others, but rather were disappointed, angry—or simply didn't understand—when someone was unable to help them.

If I wanted to go out to the show or somethin she wouldn't want to babysit 'cause she got three kids of her wn...which I thought that was not too much of an excuse anyway.

Perspective on When to Ask for Help

Second, related to these expectations of others, neglecting and nonneglecting mothers had different perspectives on when to go to their network members for help. Given their belief that adults should be independent, the nonneglecting mothers tried to

make it on their own first and reserved asking for help for important things. Many mentioned not liking to ask others for help, but "sometimes you have to." One nonneglecting mother described it this way:

> *She know I don't just come to her just to ask her for stuff just to have it in my pocket...I got to have it for bills or something. She know I ain't asking it just to mess it up or give it to somebody else."*

This was also true in terms of intangible aid:

> *It goes back to, I don't like to be putting my troubles on anybody. But if I come to a point where I'm really upset they will talk to me and try to tell me the best way to go.*

Others said they would go to formal sources of help before informal. One nonneglecting mother said, for example, that if she needed money for a utility bill, she would go to a program she knew about that helped pay utility bills in the winter before she would ask her parents for money.

Although some neglecting mothers also mentioned not liking to ask others for help, in general the neglecting mothers were quicker to go to others for help. For example, one respondent told this story:

> *They (her grandmothers) basically say, "you never tell nobody that you need some money...never this, never that. You don't have it, you don't have it." But its a new generation...and instead of waitin' till something happen, you go and make something happen...because like my sponsor, just the other day, you know, I said, "Hey, I done spent all my money at the circus and I'm broke." She said: "Well, OK, would you like to go to dinner? And I said, sure...but when I got back to bring the kids, she had left me some money. And my grandmama had said, you don't ask somebody for money." And I said, I just mentioned that I was broke. I didn't ask her...but I surely appreciate it.*

Another described herself this way:

> *I'm hustling, begging and borrowing. You gotta rob Peter to pay Paul to get some money...*

Differences in Interactions

Third, there were differences in the nature of the interactions between neglecting and nonneglecting mothers and their network members when asking for, receiving, and giving help. These themes represent perceptual understandings of intensity and reciprocity.

- Intensity

Although the nonneglecting mothers did not see themselves as *depending* on others, they did feel they could *count* on members of their network.

> *If I need it or if I run into a big problem or whatever, I call my mama, just about any time of the night.*

While none of the nonneglecting mothers described incidents where they were unable to get help when they needed it, nearly all of the neglecting mothers described incidents where they were unable to get help—or at least ran into hassles:

> *I had moved three times in one month, tryin' to get away from the drugs, trying to get my kids into a decent place... my mother had put me out. I moved to this girl's house—they lived down the street from my sister because my sister said she didn't have any room. It turned out that they were all dope addicts, so I had to move. Then I went to a shelter.*

> *If you sit there and beg for about 12 hours...she'll finally do it, like I asked her if she could loan me ten dollars, or loan me eight dollars, she gives me four, something like that...she'll say she don't have it.*

This difficulty in getting help from network members was especially true with the fathers of their children. Many of the neglecting mothers described incidents where they had to "argue with him to get him to do something." One neglecting mother described keeping receipts so that her daughter's father knew where she had spent the money he had given her.

> *I would just tell him out blank, I need some money, for this or this, or if you like to see receipts, here they are, you know,...Thomas, he's a very hard person. He's very stingy, you know...you have to scream and holler at him—"well I need some money"...and he says I know you need*

some money, but I need some. OK but how long do I have to wait...you ride past my house everyday, you could at least stop. So he'll get tired of me and then he'll come over and then you won't be able to catch him for four more weeks.

These types of incidents with the fathers of their children were nonexistent for the nonneglecting mothers. For nonneglecting mothers who included their child(ren)'s fathers in their network, relationships were either largely supportive, for example:

Yeah, he buys her what she needs. When he can, you know. I wouldn't say regularly, but he do what he can... he sees her about every day. He helps me out with bills and stuff. [Are the two of you close?] *I talk to him about stuff about Denise. I tell him that she tryin' to get hardheaded now and stuff. He talk to her and tell her "you got to listen to your mom..."* [Do you ask him for advice?] *Yeah, 'cause he's much wiser than I is, so I go to him on some things I don't know.*

...or the relationship was strictly between the father and the children:

I: What kinds of things does Frank do?

R: *He picks up Tanya and he buys her clothes.*

I: How often does he do that?

R: *I would say maybe about, he try to do it now once a month.*

I: Does he ever help you out with bills or give you rent money?

R: *No. Uh-uh. He deals strictly with Tanya. All we do is speak on the phone to each other.*

For nonneglecting mothers, the ability to count on network members carried over in terms of keeping one's confidences as well:

She's more than a sister to me. She's my best friend, and when I have a problem—not just with my kids, with myself—I go and talk to her...and she would keep it confidential.

Contrast this with a neglecting mother:

I was real close to my sister because, personal things, private things, you really have to tell somebody...so you tell her...and after a while I learned that, she would tell, not everybody, but she would tell my mom. And, I felt that if I wanted her to know then I would have told her, so we stopped bein'...I can relate to her, I'm the closest to her in the whole family, but um, with all those personal private things, I keep that to myself now.

- Reciprocity

The nonneglecting mothers were more likely to describe the giving and receiving of help as a mutual process, as "trading" or "sharing back and forth." Just as she could count on others, they could count on her. One respondent described her relationship with her sister as giving back and forth—"if she need it, I got it, come and get it, and the same for me."

For nonneglecting mothers, exchanges were flexible. Sometimes help given was a gift, sometimes a loan. As one respondent said:

Sometimes it would be a loan, sometimes a gift. When you say its a loan, its a loan, when you say its a gift, its a gift.

When exchanges did take the form of a loan, terms were often flexible. There was usually not a strict time limit on paying back:

I pay him back mostly, he'll lend it to me. It ain't gonna be no rush on when I have to pay it back...there ain't no time limit on paying it back.

Or the terms of loan were ignored:

In my mother's case [laughs] *when she say a loan, you might as well let her have it. So when she say loan, I just let her have it.*

Nonneglecting mothers attempted to pay money back even if it was not expected by the giver:

I pay her back, because you know, I don't have to but I do, you know, 'cause you never know when you need Mom...

so I do offer to pay it back, even if she don't want it, I do offer to pay it.

While this type of sharing back and forth was present in some relationships for some neglecting mothers, the theme was not so prevalent within this group. Neglecting mothers were more likely to mention relationships where they did nothing for the network member:

I: Are there things that you do to help her out?

R: *No, 'cause she never seems to need anything.*

On the other hand, in many cases, neglecting mothers felt they were doing more for a network member than he/she was doing for her (and they were unhappy with the arrangement):

I help her out. She don't help nobody out, she's the selfish one.

I get up I have to comb three heads, plus my little, my other little boy I have to comb his hair and then her daughter, I comb her daughter hair and iron her daughter's clothes for school...she know I'm gonna do it. And if I go somewhere, if I take the kids on a outing, I don't disinclude her kid, "come on, lets go" but if she go, mines have to stay here.

In some cases, this resulted in a neglecting mother putting an end to exchange with that network member:

I used to [loan him money]...but he doesn't know how to act, he doesn't want to give me my money back, so he gets nothing else from me.

One neglecting mother referred to the expectation of mutual exchanges as "stacking up the odds against you":

R: *I think people go sometimes at it backwards.*

I: Meaning?

R: *Meaning they would frustrate themselves with the baby's daddy or instead of going to family, they would go to friends who would just be stackin' up these odds against them. You know, so if they ever wanted something, you HAD to give it to them because they had done this for you. A lot of people say: OK, I did this*

for you and then wait right around until you get your check and they will come. You know, "I did this for you and you should be able to do this for me."

I: So, friends do that kind of thing, you would say?

R: *Well, family does it too. You know, my brother. You don't see him around, but when you get your check and then you need a ride, you need this, you need him to take you here, "I'll take you if you get me some gas" and things like that.*

Affective Qualities

Fourth, one of the most clearly differentiating factors between the neglecting and nonneglecting mothers were the affective qualities of their relationships with network members. Neglecting mothers described many of their relationships as conflictual. One relationship which was especially conflictual for neglecting mothers was the relationship with the fathers of their children. In addition to conflict in terms of fathers helping (see last section), neglecting mothers mentioned conflict about their relationships with other network members:

He's the type that just like, alright, he don't like me to socialize with my sister and them...he don't like them to come over and visit.

Or conflict in their personal relationships:

I might get mad and I don't want to see him and he don't get to see the kids either 'cause I'm not opening the door because I know we arguing over something and it ain't goin' to do nothin' but lead to a bigger argument when I see him. So there's no coming in at all.

On the other hand, while some of the nonneglecting mothers mentioned *past* conflict with the fathers of their children, these mothers had "gotten out of" these relationships and no longer depended on the fathers to help with the children.

I: Does he have any contact with your kids?

R: *No. He was really bad to me. He didn't want me to be my own self. I wanted to go to school, I wanted to do other—be other than just a housewife...and he didn't want..." Uh-uh—no books. School—no." And*

then jealousy. He was jealous. He didn't want me to have friends. And you know, things lead to one thing, and the other and we're not together today."

Neglecting mothers also frequently had conflicts with other members of their networks. All nine of the neglecting mothers mentioned relationships which were conflictual. This conflict was often with those members the neglecting mothers particularly depended upon to provide help. As mentioned earlier, sometimes the conflict was related to receiving help from the network member, but sometimes it was more general:

Me and Kim get into it...could be about money, we get into it about anything. ANYTHING. Me and Kim have arguments four times a week about one thing or another... like I told you, she's selfish and she really acting more like one of the kids herself...we never really that close.

Often, the conflict was related specifically to childrearing—five of the nine mentioned frequent conflict with network members related to childrearing. This conflict was often related to the network members giving advice:

We always argue...her unsolicited advice is what we argue about all the time... that is the main issue here...she'll tell me, regardless if she's asked. Sometimes I don't speak to her for weeks. Once she got really hysterical and I told her that I refused to let her tell me what to do with my children...she stood on the front porch and hollered and screamed. [Would you say you usually have disagreements with your mom around things with your kids?] *Quite often, yeah, on a regular basis.*

On the other hand, the nonneglecting mothers reported very little conflict with network members. Only one reported that network members gave her a hard time about her childrearing. In most cases, when nonneglecting mothers did have disagreements, it was described as minor:

My neighbor upstairs, she raises her kids in a different way and I raise mine in a different way, so if something go on between our children, we'll talk about it, but we never feud about it.

Others reported that they simply didn't let network members give them a hard time:

I: Does anyone ever give you a hard time about how you raise your kids?

R: *No, I don't give them the space.*

Satisfaction

Finally, respondents were asked if they were satisfied with the amount of help or advice they received. The nonneglecting mothers were mostly satisfied, the neglecting mothers were not. Seven of the nine neglecting mothers said they would like more help, one also said she would like less advice; two said they were satisfied. Only one nonneglecting mother, who had five children, said she would like more help with child care, and one said while she was mostly satisfied, sometimes she would like less advice. The other eight said they were satisfied. As one nonneglecting mother said:

> *I would say I'm blessed to get it because some people don't get it...so I would say satisfaction really hasn't anything to do with it. I would say I'm blessed because no one, when you're grown, people don't have to do anything for you.*

Summary of Differentiating Characteristics

Thus to sum up the patterns within the two groups of women in this study identified in the inductive analysis: Underlying the neglecting mothers' approach to relationships with network members was a tendency to believe that they need others to get by. They seem to approach relationships in terms of what others can do for them. They depend on others and expect them to always be there to meet their needs. They are quick to go to their network members for help when they need it. They don't seem to recognize the limitations of others to provide them with assistance. They don't operate with a model of mutual aid—of what goes around comes around. While they depend on others, they don't feel they can count on them. Their relationships are characterized by conflict and distrust; they don't always receive the help they ask for; their exchanges are less flexible; they often feel they are doing more for others than is being done for them. They are dissatisfied with their relationship with network members and they are not satisfied with the amount of help they get from others—they would like more.

On the other hand, underlying the nonneglecting mothers' approach to relationships is a belief in both independence and mutual aid. They depend on themselves and believe it is important to be independent. Thus they are more likely to try to help themselves first or sometimes even do without—they go to others only if they are really in need. They have an understanding of others limitations and thus don't ask for too much. While they don't depend on others, they can count on them. Their relationships are characterized by trust, reciprocity and flexibility. They are satisfied with their relationships with network members, and they are satisfied with the amount of help they get from others—because "people don't have to do anything."

Conclusions

Although the sample for this study was very small and the approach exploratory, the results are useful in several ways. First, this study illustrates the importance in both research and practice of carefully examining the nature of social ties/social relationships, rather than assuming that because a relationship exists, a person is supported. Second, the results of this study lend support to the notion that an individual's perception of being supported is a crucial factor in the study of social support.

Third, this study identifies some of the factors potentially related to positive, supportive relationships. While causal order is impossible to untangle in this study, these data suggest that for nonneglecting mothers, satisfying, supportive relationships were those in which there was a perception of *fairness* or evenness in the relationships, where mothers approached their relationships with network members with a balance of *self-reliance* and a *belief in mutual aid*, and where there was a *recognition of others' limitations*. While future research which considers the perspective of both the parent and the network members can help clarify these characteristics, this research suggests the importance of conceptualizing social support as a bidirectional concept—in other words an emphasis on the importance of a sense of mutuality and fairness in satisfying supportive relationships.

The extent to which relationships that possess these characteristics have a positive impact on the parenting role has not been directly studied in this research. However, one interpretation is that such relationships are "empowering" to the individual—that they encourage the parent to act with confi-

dence in the parenting role.* While the relationship between successful parenting and satisfying relationships which possess the characteristics of mutuality and fairness needs to be further studied, there is past research which supports this interpretation. For example, Lindblad-Goldberg and Dukes (1985) found that mothers in dysfunctional families as compared to those in functional families felt that they were giving more than they received; Crittender (1985) found that adequate mothers as compared to maltreating mothers were able to establish reciprocal relationships with network members that appeared to express empathy for others; and Turner and Avison (1985) concluded from their research that mothers that don't have positive, nurturing relationships with their network members have difficulty providing such environments for their children.

Implications for Practice

This paper concludes with a brief discussion of the implications of this study for two areas of social work practice with high-risk and neglecting parents, risk assessment and social network interventions.

Risk Assessment

Current risk assessment measures often include some measure of a family's social support, although most focus on the availability of supportive resources rather than on the actual functioning of relationships for at-risk parents. In addition, child protection workers are often asked to judge the availability of a family's social support when considering out-of-home placement. As this research suggests, this focus on available resources gives a superficial and misleading view of the existence of *supportive* relationships. The results of this research suggest that risk assessment measures need to focus on the actual functioning of relationships from the parents' point of view, and should include some notion of the parents' expectations for such relationships, along with an assessment of the extent to which the relationships can meet those expectations. In addition, such measures should recognize the potentially negative and stress-producing characteristics of some relationships.

* Although as Specht (1986) points out, the relationship between well-being (or good functioning) and social support is likely interactive—high levels of social support lead to well-being, and well-being leads to higher levels of social interaction and social support.

Social Network and Social Support Interventions

One aspect of recent "family preservation services" to serve families at risk of disruption through out-of-home placement of a child has been social support or social network interventions (Tracy and Whittaker, 1987). Such programs seek to accurately *assess and increase* supportive resources to at-risk and maltreating parents. However, the target for intervention is often unclear, intervention is often unspecified—for example "making supportive resources available"; and many focus only on the presence or absence of supportive resources and not the skills needed on the part of parents to elicit and maintain supportive resources. This research suggests that we need to develop interventions which focus not only on establishing or making resources available, but also on the interpersonal skills of parents to successfully and mutually interact with members of their networks.

The results of this research suggest that social support and social network programs should focus on the potentially empowering influence of satisfying, mutual relationships. That is, rather than viewing social support only as a source of material or emotional aid to a parent, the potential confidence-building or empowering aspects of satisfying mutual relationships should be recognized. Programs which allow and encourage parents to experience the satisfaction of being able to contribute to mutually-satisfying relationships are needed. Such programs could utilize community members—for example parents or natural helpers in the community—as both role models and as potential "partners" in mutually satisfying relationships.

By reconceptualizing social support in this way, by understanding that social support is much, much more than the availability of resources, we can begin to utilize it in our practice to make a difference in the lives of families and children.

References

Beeman, S.K. (1993). "Social network structure and interaction among neglecting and nonneglecting mothers." Unpublished doctoral dissertation, University of Chicago, Chicago, Ill.

Belsky, J. (1984). The determinants of parenting: A process model. *Child Development*, 55, 83-96.

Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, 38, 300-314.

Cochran, M. and Brassard, J. (1979). Child development and personal social networks. *Child Development*, 50, 601-616.

Cochran, M., Larner, M., Riley, D., Lars G., and Henderson, C.R. Jr. (1990). *Extending Families: The Social Networks of Parents and their Children*. New York: Cambridge University Press.

Colletta, N. (1979). Support systems after divorce: Incidence and impact. *Journal of Marriage and the Family*, 42, 837-846.

Crittenden, P.M. (1985). Social networks, quality of child rearing, and child development. *Child Development*, 56, 1299-1313.

Crnic, K., Greenberg, M., Robinson, N., and Ragozin, A. (1984). Maternal stress and social support: Effects on the mother-infant relationship from birth to eighteen months. *American Journal of Orthopsychiatry*, 54, 224-235.

Garbarino, J. and Crouter, A. (1978). Defining the community context for parent-child relations: The correlates of child maltreatment. *Child Development*, 49, 604-616.

Lindblad-Goldberg, M. and Dukes, J. L. (1985). Social support in black, low-income, single-parent families: Normative and dysfunctional patterns. *American Journal of Orthopsychiatry*, 55, 42-58.

Maluccio, A. (1989). Research perspectives on social support systems for families and children. *Journal of Applied Social Sciences*, 13(2), 269-292.

Mitchell, J.C. (1969). The concept and use of social networks. In J.C. Mitchell (Ed.), *Social Networks in Urban Situations*, 1-50. Manchester, England: University of Manchester Press.

Polansky, N.A., Chalmers, M.A., Williams, D.A., and Buttenwieser, E.W. (1981). *Damaged Parents: An Anatomy of Child Neglect*. Chicago, Ill.: University of Chicago Press.

Sarason, B.R., Pierce, G.R., and Sarason, I.G. (1990). Social support: The sense of acceptance and the role of relationships. In B.R. Sarason, I.G. Sarason, and G.R. Pierce (Eds.), *Social Support: An Interactional View*, 97-128. New York: John Wiley and Sons.

Seagull, E. (1987). Social support and child maltreatment: A review of the evidence. *Child Abuse and Neglect*, 11, 41-52.

Specht, H. (1986). Social support, social networks, social exchange, and social work practice. *Social Service Review*, 60, 218-240.

Tracy, E.M. and Whittaker, J.K. (1987). The evidence base for social support interventions in child and family practice: Emerging issues for research and practice. *Children and Youth Services Review*, 9, 249-270.

Turner, R.J. and Avison, W. (1985). Assessing risk factors for problem parenting: The significance of social support. *Journal of Marriage and the Family*, 47, 881-892.

Weinraub, M. and Wolf, B.M. (1983). Effects of stress and social supports on mother-child interactions in single- and two-parent families. *Child Development*, 54, 1297-1311.

Wolock, I. and Horowitz, B. (1984). Child maltreatment as a social problem: The neglect of neglect. *American Journal of Orthopsychiatry*, 54 (4), 530-543.

Risk Assessment: What Do We Know? Findings from Three Research Studies on Children Reported to Child Protective Services

by Diana English

Since 1990, referrals to Child Protective Services (CPS) in the state of Washington have increased 186 percent (English and Aubin, 1991). In addition to the large increases in cases accepted for investigation, there was also an increase in the severity of problems reported. Despite the large increases in referrals and increasing severity of problems, neither staffing nor resources increased proportionate to the increase in referrals. On the contrary, an increasingly legalistic and formal structure resulted in an increase, not a decrease, in workload.

In order to deal with the increasing workload and lack of resources, CPS essentially triages cases such that children at risk of imminent physical harm are given priority service. Unfortunately, this has the effect of pitting the needs of abused children against those of neglected children, even though the effects of both abuse and neglect are serious. Despite the long-term serious consequences of neglect, because the evidence is not immediately observable, these cases are often screened out of the system or given such low priority that children who are at high risk of experiencing serious problems from neglect are being routinely overlooked.

If CPS agencies, in their current capacities, cannot provide services to all cases referred for allegations of maltreatment, then several questions emerge:

1. Which cases should be served by public child welfare agencies?

2. Which cases should be served by enhanced community-based services?

3. Without increasing the likelihood of harm to children, are there referrals that may not need public service at all?

This paper offers a brief review of the literature on child neglect and its effects, presents data from three studies of neglecting families involved in the child welfare system in Washington and summarizes the findings, and finally, discusses the policy and practice implications related to neglecting families who are reported to, and served by, child protective services.

Review of the Literature

Knowledge of the causes, effects and treatment of child neglect continues to be limited by the difficulty in researching this multidimensional problem. Difficulties include both lack of a standard definition and research methodological problems (Zuravin, 1991; Paget, Phelp and Abramczyk, 1993). Much of the professional, legal and lay literature defines child neglect as a "willful act of omission" (Gelles, 1982; Helfer, 1990; Ross and Zigler, 1980; Wollock and Horowitz, 1984). This definition implies a parental behavior that results in the inadequate care or protection of a child and focuses on parental culpability (Giovannoni and Becerra, 1979). However, others argue that such narrow definitions of child neglect should be expanded to include behavior associated not only with the parent, but also with the family, the community and larger society (Dubowitz et al., 1993; Zuravin, 1989a; Belsky, 1980).

In addition, there is growing consensus that different types of neglect need to be examined separately because each type appears to have distinct antecedents and consequences (Crittenden, 1992; Egeland and Sroufe, 1981; Egeland, Sroufe and Erickson, 1983). In recent years different typologies have been developed to include varying dimensions of neglect, as well as types of neglect (Crittenden and Ainsworth, 1989; Paget, Phelp and Abramczyk, 1993). The research literature differentiates neglect by physical, developmental and emotional neglect (Hegar and Yungman, 1989; Belsky, 1991; Garbarino, 1991), prenatal neglect (Cantwell, 1988), abandonment (Martin and Walters, 1982), deliberate and unintentional acts (Zuravin, 1989b), and chronic and situational circumstances (Nelson, Saunders and Landsman, 1990).

The literature also points out a long list of risk factors associated with neglect. These include:

- demographic variables such as household crowding (Zuravin, 1986), educational level (Zuravin, 1988) and family size (Paget, Phelp and Abramczyk, 1993);
- parental factors such as inadequate parenting skills (Belsky, 1984; Feschbach, 1980), unrealistic parental expectations of the child (Jones and McNeely, 1980; Azar et al., 1984; Twentyman and Plotkin, 1982), substance abuse, social isolation, low self-esteem, family violence, depression, and stress (Zuravin and Greif, 1989; Giovannoni and Billingsley, 1970; Polansky, Ammons and Gaudin, 1985; Polansky and Gaudin, 1983; Polansky, Gaudin, Ammons, and Davis, 1985; Herrenkohl, Herrenkohl and Egolf, 1983);
- child factors, including disabilities (Jaudes and Diamond, 1986), gender and age (Margolin, 1990; Jones and McCurdy, 1992), and anxious/avoidant attachment (Crittenden, 1985; Crittenden, 1988);
- socioeconomic factors. Poverty has been associated with neglect (Wise and Meyers, 1988; Newberger, 1990, Zuravin and Taylor, 1987; Pelton, 1978; and Wollock and Horowitz, 1979).

Another large body of research has focused on the effects of neglect on children's functioning. A number of researchers have concluded that children who are neglected experience lasting adverse effects on their physical, social, affective, and cognitive development (Allen and Oliver, 1982; Crittenden, 1992; Culp et al., 1991; Eckenrode, Laird and Doris, 1993; Egeland and Sroufe, 1981a, 1981b; Erikson, Egeland and Pianta, 1989; Fox, Long and Langlois, 1988; and Koski and Ingram, 1977). These developmental effects include language deficits, academic problems, poor social relationships, low self-esteem, physical problems such as neurological impairments, chronic illness, delayed growth, poor attachment, and angry, frustrated and oppositional behavior. Cognitive delays have also been noted.

Studies of Neglect Cases in the Washington State Child Protection System

Studies 1 and 2: Disposition and Outcomes of Neglect Cases

Two studies underline the fact that a majority of neglect cases either get screened out of the system without even an investigation, or get classified as low risk and thus receive minimal, if any, services.

The first study, a 1989 study funded by the National Center on Child Abuse and Neglect, examined outcomes of cases referred to CPS which were classified as low risk. It compared the substantiation and/or re-referral rates for both abuse and neglect cases receiving different levels of services, ranging from none to intensive. This paper reports on the neglect cases, looking at the comparison between cases handled by CPS with those handled by a community-based alternative response system (ARS).

In the study, a random sample of 1,604 families selected from 3,825 referred for abuse and neglect and classified as low risk was stratified into four groups receiving different services. They were distributed across four categories as noted below (Table 1). Cases are screened out without an investigation when the referrals are made without specific allegations. They are classified as low risk when the intake worker believes, on the basis of the referral information, there is no risk of imminent harm. The low-risk cases that remained in the CPS system received no services, while those referred to the alternative response system did receive services. Some of the cases which remained in the CPS system and were initially identified as moderate or high risk and subsequently reduced to low risk did receive services.

As can be seen, neglect cases made up a far higher proportion of the screen out and low-risk assessment categories than did abuse cases. In this paper we will look only at the neglect cases.

The primary outcomes measured were: whether or not there was a re-referral for child abuse and/or neglect within six months, and; whether the re-referral was substantiated (reoccurence). The primary concern raised in the neglect cases which were screened out was the failure of a caretaker to provide adequate food, clothing, or lodging. For the neglect cases classified as low risk and thus receiving an investigation, the primary concerns raised were both failure to provide for basic needs and lack of supervision.

Table 1. Distribution of Low-Risk Neglect and Abuse Cases by Level of Services Received Included in 1989 Study*

Differential Level of Services	Neglect Cases	Abuse Cases	Total Cases
Cases classified as information only and screened out, thus receiving no services	241	214	455
Cases classified as low risk at intake, retained by CPS, but receiving no services	316	109	425
Cases classified as low risk at intake and referred to an ARS for assessment, and receiving services from an ARS	287	117	404
Cases classified as moderate/high risk at intake and reduced to low risk after CPS investigation, with some receiving services	108	210	318

* "Impact of Investigations: Outcomes for Child Protective Services Cases Receiving Differential Level of Service." This study was funded by the National Center on Child Abuse and Neglect, Grant Nos. 90-CA-1366/01 and /02.

As can be seen in Table 2, very few of the low-risk neglect cases in any category were substantiated, with only 17 to 20 percent substantiated in the cases initially assessed as low risk, and even in those initially classified as moderate or high risk, only 40 percent were substantiated. The re-referral rate for neglect cases was also very low—fewer than 20 percent in all four categories. At the same time, a large majority of the cases that were re-referred were neglect cases, but even then, generally fewer than half were substantiated. However, they were more likely to be substantiated if they had been re-referred by the alternative response system. Anecdotal information suggested two reasons for this: first, the re-referral cases came from a professional (which may reflect a bias toward assessing professional referrals more seriously); and second, the ARS was more familiar with the families than were CPS workers, since ARS workers had given services, sometimes extensive services, to the families. As a result, many more problems were reported than were reflected in the original referral. This raises the question of whether many neglect cases being classified as low risk actually have more problems than are being identified in the intake process.

Table 2. Outcomes of Abuse and Neglect Cases Referred to CPS*

	Cases Screened Out	Low Risk CPS No Service	Low Risk CPS Referred to ARS	Mod/ High Risk Reclassified by CPS to Low Risk After Investigation
Total sample cases	455	427	404	318
Percent (and number) of total sample classified as neglect	53 (241)	74 (316)	71 (287)	34 (108)
Percent of neglect sample substantiated	0	17	20	40
Percent of re-referral total sample	13	20	17	12
Percent of re-referred classified as neglect	78	77	66	52
Percent of total sample re-referrals substantiated	23	33	60	33
Percent of neglect re-referrals substantiated	53	34	47	43

* Data based on the study funded by the National Center on Child Abuse and Neglect, Grant Nos. 90-CA-1366/ 01 and /02, "Impact of Investigations: Outcomes for Child Protective Services Cases Receiving Differential Levels of Service."

In sum, the findings that emerge from this data are:

- Most of the cases screened out or assessed as low risk were neglect cases.
- Neglect cases had a low rate of substantiation.
- A significant percent of the re-referrals for the total sample were for neglect.
- When re-referred, neglect cases were more likely to be substantiated.
- Neglect cases were significantly more likely to be substantiated when they were re-referred by an ARS,

which had a greater involvement with and therefore better understanding of, the family.

A second study used information from the first study and other historical data to examine what was likely to happen to neglect referrals as they were processed by the child protection system (CPS) during 1993. Specifically, it looked at the likelihood that neglect cases would enter the child protection system in Washington state during 1993, the likelihood that neglect cases would be substantiated, and the likelihood that they would be re-referred within six months. The estimations were made on the basis of data collected on screening procedures at intake from 1989 to 1993.*

The study estimated that, if historical trends continue, 70,000 abuse and neglect referrals would be made to CPS during 1993, that 20,000 would be screened out at intake, that 17,500 would be assessed as low risk, and that the remainder, 32,500, would be assessed as moderate or high risk. It was estimated that neglect cases would make up half of the cases screened out at intake and the vast majority of cases assessed as low risk—13,125. On the other hand, neglect cases would make up a relatively small proportion of cases classified as moderate or high risk—31 percent. Of the 13,125 neglect cases assessed as low risk, only about 20 percent, or 2,625 cases, would be substantiated. Only about 525 would be referred back again, and then only about 175 cases would be substantiated the second time around. About 1,300 of the neglect cases screened out at intake would be re-referred within six months. (See Tables 3 and 4.)

As is evident in the projections based on historical data, neglect cases are heavily represented in the cases which are either screened out at intake or assessed as low-risk. Furthermore, cases assessed as low-risk are not apt to be substantiated or to receive services. Most neglect cases, even those substantiated for maltreatment, will not remain open after investigation.

* Although there are fluctuations in screen-out rates between various offices in Washington state, the approximate average statewide screen-out rate is between 30 percent and 40 percent. For purposes of this study, a conservative rate of 30 percent was used to estimate screen-outs.

BEST COPY AVAILABLE

Table 3. Estimated Child Abuse and Neglect Referrals to CPS in 1993*

	All Cases	Abuse Cases**	Neglect Cases
Total referrals	70,000	36,400	33,600
Screened out at intake	20,000	10,000	10,000
Classified as low risk	17,500	4,000	13,500
Classified as moderate or high risk	32,500	22,400	10,100

* The estimations used in this table were derived from several studies on CPS intake in Washington state from 1989 to 1993.

** Includes both physical and sexual abuse.

Table 4. Projected Outcomes of Estimated Neglect Cases in 1993*

	Cases Screened Out at Intake	Cases Classified as Low Risk
Total	10,000	13,500
Substantiated	—	2,625
Re-referred within six months	1,300	525
Re-referrals substantiated	—	173

* The projections used in this table were derived from several studies on CPS intake in Washington state from 1989 to 1993.

The failure of so many neglect cases to enter the service system may be because there is little evidence of neglect upon investigation. Research indicates that the effects of neglect are cumulative and manifest in non-visual ways, and it may be that CPS policy and practices are not set up to "see" the evidence. CPS policy and practices may only substantiate when evidence is overtly physical or when parents acknowledge neglectful behavior. Moreover, the assessment model used by CPS results in prioritization of services to children assessed at risk of "imminent" harm, and the effects of neglect, although serious, are rarely as immediate as other kinds of maltreatment. Thus,

neglect cases may be put further down on the list, and in a system with limited resources, may get no services at all. Additional research is needed to clarify issues associated with the magnitude of referrals for neglect that subsequently are screened out of the more intrusive CPS services, and on the long-term effects for children in these cases.

Study 3: Assessing and Recognizing Factors That Put Families At Risk for Neglect and the Evidence of Neglect

Interim data from a third study, the Seattle portion of the 20-year nationwide Longitudinal Study of the Impact of Child Abuse and Neglect (LONGSCAN), shows two important findings: there are certain characteristics and risk factors that tend to be present in neglecting families; and CPS caseworkers tend to miss some of the significant risk factors and the evidence of neglect that are present in their cases. Specifically, the study found that a large number of neglected children showed significant developmental delays in the cognitive, personal-social, receptive, and expressive domains. Moreover, many caretakers in the study have a significant history of childhood victimization, are clinically depressed, and live with significant chronic stress. CPS caseworkers tended to identify the socioeconomic stress and, to some extent, the history of caretaker victimizations when assessing risk factors, but tended not to identify significant depression in caretakers or developmental delays in children—one a predictor of neglect and the other a consequence.

The LONGSCAN study, funded by the National Center on Child Abuse and Neglect, is designed to determine the factors which put families at risk for neglect and abuse and their long term effects on children. It examines the developmental status of the child plus characteristics of the child's family and extrafamilial environment. The study includes approximately 1,500 children in Seattle, San Diego, Chicago, Baltimore, and North Carolina. Each of the five sites includes children at a different place on the continuum of abuse and neglect, ranging from those who are at risk but have not been referred for maltreatment to those who have been placed in foster care. Common data collection procedures and measures are used across sites, although each site supplements the common

LONGSCAN battery of measures with other measures that relate to specific study site objectives.*

The Seattle families fall in the center of the continuum of at-risk, that is, children who have been referred to CPS with an allegation of child maltreatment which may or may not be substantiated for maltreatment. The Seattle site uses both the LONGSCAN battery of measures and an assessment of risk made using the Washington Child Protection Risk Assessment model. To enter the Seattle cohort, all children had to have been assessed as moderately or highly likely to be abused and/or neglected in the near future, absent intervention, using the Washington risk assessment model. The study includes children reported for four types of abuse: physical abuse, sexual abuse, neglect, and combinations of abuse types.

Here the author reports selected findings on child and family characteristics for the sub-set of 109 children and families at the Seattle site who were reported for neglect only. While the data is preliminary, it gives an initial picture of the characteristics and circumstances of the neglecting families. It provides some information about the level of functioning of neglecting families reported to, and receiving services from, CPS at more intrusive service levels. The author also reports that the degree to which the CPS caseworkers' assessment of the families referred for

* LONGSCAN uses a prospective cohort design with cross-site uniform baseline assessment of child, caretaker, and family characteristics beginning in the first project year when subjects range from infancy to four years. All children participate in baseline measurement at age 4, followed by extensive evaluations at age 6, 8, 12, 16, and 20. A cross-sectional and longitudinal model of child development has been developed to guide the measures selection process for LONGSCAN. In essence, factors related to the child, the family, and the extrafamilial environment are believed to affect the long term development of children. In the LONGSCAN model, the child is the central focus in the developmental model, and the children will be measured on selected age-appropriate developmental tasks. Maltreatment may occur at any point on the timeline, may represent acute and chronic instances of poor parent or family functioning, and negative extrafamilial events and stressors. The family environment represents the direct influence of family on the child with the assumption of diminishing influence upon child development as the child ages. Consequently, extrafamilial factors will gain influence as the intra-family influences decline. The extra-familial environment represents the direct and indirect influences upon the child from forces outside the family, such as neighborhood, peers, school, and services. It provides the background for the LONGSCAN model, illustrating that the child and family are nested within a community and larger social environment, including cultural and political influences, and that there is reciprocity of impact and dynamic interplay between all three domains of child, family and extrafamilial environments.

neglect is validated by objective data. The subjective assessments made by the CPS workers using the Washington risk assessment instrument were compared with the objective constructs measured using the LONGSCAN protocol. Here we will look first at the initial findings of the LONGSCAN data on child and family characteristics and the circumstances in which they live, and second, at risks found to be present in the cases using the risk assessment model. Finally, we will look at the degree to which the CPS caseworkers' subjective assessments were validated by the objective LONGSCAN measures.

Demographically, the children in the neglect group at the Seattle site are almost evenly distributed by age across the years 1 through 4, with slightly more males than females. There is a higher percent of children of color in the neglect group and most of the reported children are the youngest in their family (Table 5). In the group of female caretakers in the neglect cases, most had a high school diploma or equivalent, indicated they identified with a formal spiritual belief system, were unemployed, and had an annual income below $15,000 (Table 6).

Table 5. Child Characteristics, Demographic Variables (LONGSCAN)—Neglect Subsample

	Neglect (N = 109)	Percent Neglect
Age		
Less than 1	7	6.4
1 - 2	25	22.6
2 - 3	31	28.4
3 - 4	28	25.7
4 - 5	18	16.5
Gender		
Male	56	51.4
Female	53	48.6
Ethnicity		
Caucasian	43	39.4
Child of color	66	60.6
Child's position in family		
Only child	19	17.4
Oldest	18	16.5
Middle	21	19.3
Youngest	51	46.8

Table 6. Caretaker Characteristics, Demographic Variables (LONGSCAN)—Neglect Subsample

	Neglect (N = 109)	Percent Neglect
Mother's education		
Diploma	26	31.7
GED	25	30.5
No	31	37.8
Religious Affiliation		
Catholic	13	11.9
Jewish	2	1.8
Protestant	23	21.1
Non-denominational	22	20.2
Other	11	10.1
No religion	38	34.9
Mother's employment		
Full-time	16	14.7
Part-time	15	13.8
Unemployed—looking	8	7.3
Student	4	3.7
Homemaker	57	52.3
Other	9	8.3
Family income		
Less than $10,000	44	40.7
$10,000 to $15,000	21	19.4
$15,000 to $20,000	12	11.1
$20,000 to $30,000	13	12.0
More than $30,000	18	16.7

Preliminary Results of LONGSCAN Data

Child Characteristics

The LONGSCAN data in the Seattle study showed that the children in the neglect group suffered significant developmental delays in the cognitive, personal-social, receptive, and expressive domains. The children's developmental status was measured by the Battelle Developmental Screening Test (BDIST) (Newborg, Stock, Wnek, Guidubaldi and Svinicki, 1984), a 96-item general screening instrument designed to assess the developmental competence of children between birth and eight years. The BDIST is a brief version of the original 341-item Battelle Developmental

Inventory (BDI). It is important to keep in mind that the BDI is a screening tool and, as such, provides only a crude measure of developmental status. The BDIST yields a total score, along with scores for the following sub-scales: cognitive, communication, personal-social, adaptive, and motor skills. Scores are based on the caregiver's report of the child's behavior, as well as direct observation of the child performing domain-relevant tasks. Using age norms reported in the BDIST manual, scores are interpreted in terms of deviation (SD) from the standard mean. A score of 1.0 SD below the mean equals borderline for developmental deficits. A score of 1.5 or more SD below the mean indicates developmental problems. Lastly, an SD of 2.0 or more below the mean equals serious developmental problems (Table 7).

Table 7. Battelle Development Screen, Neglect Subsample—1st Interview (N=99)

	Percent Normal or Above	Percent 1 SD Below Mean	Percent 1.5 SD Below Mean	Percent > 2.0 SD Below Mean
Personal social domain	34.3	17.2	16.2	32.3
Adaptive domain	55.6	18.2	12.1	14.1
Motor domain	55.6	14.1	18.2	12.1
Fine motor sub-domain	54.5	18.2	17.2	10.1
Gross motor sub-domain	68.1	26.4	1.1	4.4
Communicative domain	49.5	12.1	15.2	23.2
Receptive sub-domain	38.4	23.2	12.1	26.3
Expressive sub-domain	41.4	26.3	3.0	29.3
Cognative domain	32.3	14.1	9.2	44.4
Total standard score	42.4	17.2	6.1	34.3

The cognitive scores for nearly 50 percent of the children indicate serious developmental problems, and one-third have indications of serious developmental problems in personal-social, receptive, and expressive domains. One-fourth to one-third of the children are at least borderline for developmental deficits. Approximately one-half of the neglect sample scored in

the normal range for adaptive and communication skills, while only about one-third scored within the normal range for personal-social skills, receptive, expressive, and cognitive domains.

Caretaker Characteristics

Many of the caretakers in the Seattle neglect group had a significant history of childhood victimization and were clinically depressed, according to the LONGSCAN data. The caretakers' history of victimization was measured by a caretaker self-report using a project-developed measure. As shown in Table 8, nearly one-half of the caretakers were victims of physical abuse as children, and at least one-third were victims of sexual abuse. Moreover, violence for three-fourths of these caretakers continued into adulthood. In addition to significant levels of childhood victimization, 39 percent of the caretakers scored in the clinically depressed range on the Center for Epidemiological Studies depression scale (NIMH, 1977).

Table 8. Caretaker Victimization History, by Type of Abuse—Neglect Subsample

History	Neglect (N = 109)	Percent Neglect
Physical abuse	56	52.3
Excessive punishment	47	43.9
Fondled < 13	38	35.5
Intercourse < 13	20	18.7
Fondled > 13	35	32.7
Intercourse > 13	24	22.4
Beaten as adult	80	74.8
Other physical abuse	37	34.6
Sexual assault	27	25.2

Environmental Characteristics

LONGSCAN data also showed that these families lived with high levels of stress. They experience a significant number of life events during the year, resulting in chaotic, stressful lives. This was measured using an adaptation of the Life Experiences Survey (LES) (Sarrason et al., 1978). The LES is a 30-item scale measuring events experienced by the caretakers and their children during the last year (Table 9).

Life "change units" were developed by counting how many life experiences (such as job loss, being the victim of a crime, or getting married) had occurred during the year. Participants were asked to rate whether the life change was positive or negative. Positive events might include the arrest of a violent partner on domestic violence, which mean several days of respite while the individual was in jail. Such an event might also have been rated negative because it meant loss of support. Positive events were summed for a positive event score, as were negative events. As can be seen in Table 9, the caretakers experienced a mean of 4.4 negative and 4.9 positive events.

Table 9. Life Events Scale—Neglect Subsample (N = 109)

Events	Mean	SD
Number of negative events	4.4	4.0
Number of positive events	4.9	3.2
Events rated negative	2.7	2.3
Events rated positive	2.8	1.8
Total number of life events, positive and negative	5.5	3.3

Preliminary Results of Washington Child Protection Risk Assessment Model Data

The Washington Risk Assessment Model assesses seven risk factors: child characteristics, maltreatment incident characteristics, chronicity, parent/caretaker characteristics, parent-child interaction, socio-economic characteristics, and alleged perpetrator access. The seven factors are measured using 32 risk items

which CPS workers rate on a 0-5 scale. The CPS worker also rates an overall level of risk based on the individual risk factors present in a case. For this study, the scale was collapsed to no/low (0/1/2); moderate (3), and high risk (4/5). (See Appendix 1 for copy of risk matrix.)

As can be seen in Table 10, The only child factor that significantly contributed to risk as assessed by the CPS caseworker was the child's ability to protect him or herself. Since all of the children in this study are below the age of five, high ratings on this factor would be expected.

The neglect incidents were generally rated as no/low risk in this sample. The neglect incidents in one-third of the cases were identified as dangerous acts, but observable harm had occurred in very few cases. About 25 percent of the children were rated at higher risk levels due to a lack of supervision by their caretaker, and nearly 35 percent due to having been previously reported for intermittent or repeated occurrences of some form of alleged child abuse and/or neglect. Nearly 50 percent of the children continued to be in the care of caretakers who were assessed as living in a non-supportive environment.

The most significant caretaker characteristic contributing to risk, as assessed by the CPS caseworker, was substance abuse, which was identified in more than 50 percent of the cases. A lack of parenting skills was identified in almost 30 percent of the cases. In about one-fourth of the cases, CPS workers identified a history of domestic violence and a history of abuse as a child. Also in about one-fourth of the cases, mental, physical or social impairment of the caretaker and caretaker failure to recognize the problem were identified. In contrast, factors related to parent-child interactions were rarely identified as contributing to the risk to the child.

Socioeconomic factors were frequently identified as contributing to moderate or high risk. These included stress in almost half the cases, unemployment or underemployment in about 40 percent of the cases, and a lack of economic resources in about 30 percent of the cases.

Table 10. Risk Factors for Neglect Subsample (N = 109)

	No/ Low Risk	% Risk	Mod- erate Risk	% Risk	High Risk	% Risk	Miss- ing*	% Miss- ing
CHILD RISK FACTOR								
Age	0	0.0	0	0.0	109	98.2	2	1.8
Development	94	86.2	5	4.6	4	3.7	6	5.5
Behavior problem	94	86.2	3	2.7	2	1.8	10	9.2
Self protection	16	14.7	13	11.9	66	60.6	14	12.8
Fear of caretaker	90	82.5	1	1.0	1	1.0	17	15.6
SEVERITY OF INCIDENT								
Dangerous act	64	58.7	18	16.5	16	14.7	11	10.0
Extent of physical	90	82.5	3	2.7	5	4.6	11	10.0
Emotional harm	67	61.5	9	8.2	3	2.7	30	27.5
Medical care	87	79.8	6	5.5	4	3.7	12	11.0
Basic needs	88	80.7	9	8.2	4	3.7	8	7.3
Level supervision	72	66.1	16	14.7	10	9.2	11	11.1
Hazards in the home	76	69.7	7	6.4	5	4.6	21	19.2
Sexual contact	57	52.2	2	1.8	0	0.0	50	54.0
Chronicity	59	54.1	25	22.9	11	10.1	14	12.8
Access	41	37.6	6	5.5	41	37.6	21	19.3
CARETAKER CHARACTERISTICS								
Victimization of others	68	62.4	17	15.6	9	8.2	15	13.8
Mental/physical/ social impairment	65	59.6	15	13.7	8	7.3	21	19.3
Substance abuse	37	33.9	26	28.9	25	22.9	21	19.3
History of domestic violence	44	40.4	15	13.7	14	12.8	36	33.0

continued...

BEST COPY AVAILABLE

Table 10. continued

	No/ Low Risk	% Risk	Mod- erate Risk	% Risk	High Risk	% Risk	Miss- ing*	% Miss- ing
CARETAKER CHARACTERISTICS, CONTINUED								
History of CA/N as child	35	32.1	14	12.8	14	12.8	46	42.2
Parenting skills	68	62.4	21	19.3	11	10.1	9	8.3
Nurturance	88	80.7	11	10.1	0	0.0	10	9.2
Recognition of problem	79	72.5	17	15.6	11	10.1	2	1.8
Protection of child	85	78.0	11	10.1	7	6.4	6	5.5
Level of cooperation	85	78.0	11	10.1	7	6.4	6	9.4
PARENT/CHILD INTERACTION								
Response to child's behavior	81	74.3	14	12.8	2	1.8	12	11.0
Level of attachment	91	83.4	4	3.7	1	1.0	13	11.9
Child's role in family	87	79.8	4	3.7	1	1.0	17	15.6
SOCIO-ECONOMIC FACTORS								
Stress	50	45.9	25	22.9	27	24.8	7	6.4
Employment status	50	45.9	17	15.6	27	24.8	15	13.8
Social support	74	67.9	16	14.7	5	4.6	14	12.8
Economic resources	66	60.6	22	20.2	10	9.2	11	10.1
Risk after investigation	60	55.1	8	7.3	37	33.9	4	3.7

* Missing indicates not applicable, insufficient information to access, or not completed by caseworkers.

In sum, the primary factors contributing to risks among the families in the neglect group, as assessed by the CPS caseworkers, were:

- The child was unable to protect him or herself (all of the children were under the age of 5 years).
- The nature of a neglect incident was dangerous or chronic, but no specific harm was identified.
- The child was living with a caretaker who lived in a non-supportive environment.
- The caretaker had a substance abuse problem, a history of abuse as a child, a history of domestic violence, lack of parenting skills, and/or did not recognize the problem.
- The family lived with a high level of stress, employment problems, and low economic resources.

Comparison Between LONGSCAN Data and Washington Child Protection Risk Assessment Data

A comparison between the assessments made by CPS caseworkers and the objective and self-report measures used in the LONGSCAN protocol indicates that CPS workers are failing to identify the developmental delays present in the children referred for neglect, and are often missing the significant levels of depression in the caretakers and the extent of their childhood history of being abused. On the other hand, caseworkers are reliably identifying the problems in social support and the socio-economic stressors that are associated with neglect.

The LONGSCAN data shows that one-third to one-half of the children are at risk, and some seriously at risk, for developmental delay. Moreover, these children, because they are under the age of four, are especially at risk for personal-social developmental deficits, communication, and cognitive developmental delays. Still, CPS workers identified developmental delays as moderate or high risk factor in less than 10 percent of the same cases. The LONGSCAN data indicates a caretaker history of physical abuse as a child in 40 to 50 percent of the cases, and a history of sexual abuse as a child in 18 to 35 percent of the cases, depending on the specific kind of abuse and the age at abuse. The CPS workers identified the history of abuse as a child as a moderate or high risk factor in only about 25 percent of the

cases. Clinical depression was identified in 39 percent of the caretakers by the LONGSCAN measures, while CPS workers identified mental, physical, or social impairment of the caretaker as a moderate or high risk factor in only about 20 percent of the cases.

Conclusions

While there are many unanswered questions about the causes and effects of child neglect, some effects are clearly documented. It is known that the effects of neglect on children are serious. Neglected children sustain lasting adverse effects on their physical, social, affective, and cognitive development. Nevertheless, these studies show that neglect referrals are likely to be screened out of the system or assessed as low risk and, even then, likely to go unsubstantiated. More often than not, neglect cases do not receive services from CPS.

In addition, it is known that such factors as poverty, stress, caretaker depression, social isolation, and family violence are associated with neglect. The LONGSCAN study confirms this knowledge, and points strongly to the influence of clinical depression and the caretaker's childhood history of abuse being associated with neglect. Nevertheless, the CPS caseworker's assessments are not identifying either these risk factors or the evidence of developmental delays in neglected children.

How is it that we can know neglect has serious effects on children and yet exclude the majority of neglect referrals from the child protection system? How is it that CPS caseworkers fail to take into account the children's developmental delays in the cases they assess when they assign risk? How is it we can know that a history of childhood abuse in the caretaker is a significant predictor of neglect, especially when it is combined with stress, and yet these critical risk factors are not being taken into account by CPS workers?

It seems highly likely that behind these problems is the overwhelming workload and scarce resources with which the child protection system must contend. In an attempt to manage overwhelming caseloads, lower level assessments are being done, and as a result the real problems are not being identified. In an attempt to allocate scarce resources, the resources are targeted at the most urgent cases, the cases that present obvious physical harm and the threat of immediate physical harm.

Furthermore, it may also be that caseworkers are not well trained to assess the kind of effects that occur in neglect cases compared to the effects seen in abuse cases. Most CPS systems are organized around a principle of substantiation. In other words, did a specific incident, as alleged in the referral, occur, and , if so, was the caretaker responsible? Whether or not a specific incident occurred may or may not manifest itself in immediate or observable harm to a child. Do CPS staff have the training and expertise to detect cumulative harm consequences? They may be trained well to spot the evidence of physical abuse but not be trained as well in assessing the developmental level of children.

Although the evidence of neglect is less obvious to the eye than is the evidence of abuse, neglect is nevertheless devastating to the ultimate functioning of children. It is urgent that the many questions surrounding this significant public health problem be addressed. Is it the business of CPS to assess potential cumulative harm of parental inadequacies or environmental factors that influence a child's ability to grow into a healthy, productive human being? Does CPS authority extend to intervention in situations where there is ongoing failure of a caretaker to adequately provide, whether because of parenting inadequacy or environmental circumstances? Can CPS be expected to intervene on either a micro or a macro level? Does CPS have the resources and the technology to appropriately and adequately intervene? If not, is partial intervention better than none? If not CPS, then who? Answers to these questions require public debate and a consensus on societal values regarding each child's right to a chance to grow and be healthy.

References

Allen, R.E. and Oliver, J.M. (1982). The effects of child maltreatment on language development. *Child Abuse and Neglect*, 6, 299-305.

Azar, S., Robinson, D., Hekimian, E., and Twentyman, C. (1984). Unrealistic expectations and problem-solving ability in maltreating and comparison mothers. *Journal of Consulting and Clinical Psychology*, 52, 687-691.

Belsky, J. (1991). Psychological maltreatment: Definitional limitations and unstated assumptions. *Development and Psychopathology*, 3, 31-36.

Belsky, J. (1984). The determinants of parenting: A process model. *Child Development*, 55, 83-96.

Belsky, J. (1980). Child Maltreatment: An Ecological Integration. *American Psychologist*, 35, 320-335.

Cantwell, H.B. (1988). *Standards of Child Neglect*. Unpublished manuscript, University of Colorado Health Science Center, Denver, Co.

Crittenden, P.M. (1992). Children's strategies for coping with adverse home environments: An interpretation using attachment theory. *Child Abuse and Neglect*, 16, 329-343.

Crittenden, P.M. (1988). Distorted patterns of relationship in maltreating families: The role of internal representation models. *Journal of Reproductive and Infant Psychology*, 6, 183-199.

Crittenden, P.M. (1985). Maltreated infants: Vulnerability and resilience. *Journal of Child Psychology and Psychiatry*, 26, 85-96.

Crittenden, P.M. and Ainsworth, M.D.S. (1989). Child maltreatment and attachment theory. In D. Cicchetti and V. Carlson (Eds.), *Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect*. New York: Cambridge University Press, 432-463.

Culp, R.E., Little, V., Letts, D., and Lawrence, H. (1991). Maltreated children's self-concept: Effects of a comprehensive treatment program. *American Journal of Orthopsychiatry*, 61, 114-121.

Dubowitz, H., Black, M., Starr, R., and Auravin, S. (1993). A conceptual definition of neglect. *Criminal Justice and Behavior, An International Journal*, 20 (1), 8-26.

Eckenrode, J., Laird, M., and Dorris, J. (1993). School performance and disciplinary problems among abused and neglected children. *Developmental Psychology*, 29, 53-62.

Egeland, B. and Sroufe, A. (1981a). Developmental sequelae of maltreatment in infancy. *New Directions for Child Development*, 11, 77-92.

Egeland, B. and Sroufe, A. (1981b). Attachment and early maltreatment. *New Directions for Child Development*, 52, 44-52.

Egeland, B., Sroufe, L.A., and Erickson, M. (1983). The developmental consequences of different patterns of maltreatment. *Child Abuse and Neglect*, 7, 459-469.

English, D.J. and Aubin, S. (1991). *Impact of Investigations: Outcomes for Child Protective Services Cases Receiving Differential Levels of Service*. Final Report. Olympia, Wash.: Office of Children's Administration Research, Department of Social and Health Services.

 BEST COPY AVAILABLE

Erickson, M.F., Egeland, B., and Pianta, R. (1989). The effects of maltreatment on the development of young children. In D. Cicchetti and V. Carlson (Eds.) *Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect*. New York: Cambridge University Press, 647-684.

Feschbach, S. (1980), Child abuse and the dynamics of human aggression and violence. In G. Gerbner, C. J. Ross, and E. Zigler (Eds.) *Child Abuse: An Agenda for Action*, New York: Oxford University Press.

Fox, L., Long, S.H., and Langlois, A. (1988). Patterns of language comprehension deficit in abused and neglected children. *Journal of Speech and Hearing Disorders*, 53, 239-244.

Garbarino, J. (1991). Not all bad developmental outcomes are the result of child abuse. *Development and Psychopathology*, 3, 45-50.

Gelles, R. J. (1982). Problems in defining and labeling child abuse. In R.H. Starr (Ed.), *Child Abuse Prediction: Policy Implications*. Cambridge, Mass.: Ballenger.

Giovannoni, J. and Billingsley, A. (1970). Child neglect among the poor: A study of parental inadequacy in families in three ethnic groups. *Child Welfare*, 19, 196-204.

Giovannoni, J.M. and Becerra, R.M. (1979). *Defining Child Abuse*. New York: Free Press.

Hegar, R.L. and Yungman, J.J. (1989). Toward a causal typology of child neglect. *Children and Youth Services Review*, 11, 203-220.

Helfer, R.E. (1990). The neglect of our children. *Pediatric Clinics of North America*, 37, 923-942.

Herrenkohl, R.C., Herrenkohl, E.C. and Egolf, B.P. (1983). Circumstances surrounding the occurrence of child maltreatment. *Journal of Consulting and Clinical Psychology*, 55, 424-431.

Jaudes, P.K. and Diamond, L.J. (1986). Neglect of chronically ill children. *American Journal of Diseases in Children*, 140, 655-658.

Jones, E.D. and McCurdy, K. (1992). The links between types of maltreatment and demographic characteristics of children. *Child Abuse and Neglect*, 16, 201-215.

Jones, J.M. and McNeely, R.L. (1980). Mothers who neglect and those who do not: A comparative study. *Social Casework: The Journal of Contemporary Social Work*, 61, 559-567.

Koski, M.A. and Ingram, E.M. (1977). Child abuse and neglect: Effect on Bayley scores. *Journal of Abnormal Child Psychology*, 5, 79-91.

Margolin, L. (1990). Fatal child neglect. *Child Welfare*, 69, 309-319.

Martin, M.J. and Walters, J. (1982). Familial correlates of selected types of child abuse and neglect. *Journal of Marriage and the Family*, 44, 267-276.

National Institute for Mental Health. (1977). Center for epidemiologic studies—depression scale (CES-D), Rockville, Mass.

Nelson, K., Saunders, E., and Landsman, M. (1990). *Chronic Neglect in Perspective: A Study of Chronically Neglecting Families in a Large Metropolitan County*. Oakdale, Ia.: National Resource Center on Family Based Services, University of Iowa School of Social Work.

Newberger, E.H. (1990). Child abuse. In M. Rosenberg (Ed.), *Violence: A Public Health Approach*. New York: Oxford University Press.

Newbord, J., Stock, J. Wnek, L., Guidubaldi, J., Svinicki, J., Dickson, J., and Markley, A. (1984). *Battelle Developmental Inventory Screening Test*. Chicago, Ill.: Riverside Publishing Co.

Paget, K.D., Phelp, J.D., and Abramczyk, L.W. (1993). Recent Developments in Child Neglect. *Advances in Clinical Child Psychology*, 15, 121-174.

Pelton, L. (1978). Child abuse and neglect: The myth of classlessness. *American Journal of Orthopsychiatry*, 4, 608-617.

Polansky, N.A. and Gaudin, J.M. (1983). Social distancing in the neglectful family. *Social Service Review*, 57, 196-208.

Polansky, N.A., Ammons, P.W., and Gaudin, J.M. (1985). Loneliness and isolation in child neglect. *Social Casework*, 66, 38-47.

Polansky, N.A., Gaudin, Jr., J.M., Ammons, P.W., and Davis, K.B. (1985). The psychological ecology of the neglectful mother. *Child Abuse and Neglect*, 9, 265-275.

Ross, C. and Zigler, E. (1980). An agenda for action. In G. Gerbner, C.J. Ross, and E. Zigler (Eds.), *Child Abuse: An Agenda for Action*. New York: Oxford University Press.

Sarason, I.G., Johnson, J.H., and Siegel, J.M. (1978). Assessing the impact of life changes: Development of the life experiences survey. *Journal of Consulting and Clinical Psychology*, 46 (5), 932-946.

Twentyman, C.T. and Plotkin, R.C. (1982). Unrealistic expectations of parents who maltreat their children: An educational deficit that pertains to child development. *Journal of Clinical Psychology*, 38, 497-503.

Wise, P.H. and Meyers, A. (1988). Poverty and child health. *Pediatric Clinics of North America*, 35 (1), 169-1,186.

Wolock, I. and Horowitz, B. (1984). Child maltreatment as a social problem: The neglect of neglect. *American Journal of Orthopsychiatry*, 54, 530-543.

Wolock, I. and Horowitz, B. (1979). Child maltreatment and maternal deprivation among AFDC recipient families. *Social Services Research*, 53, 175-194.

Zuravin, S.J. (1991). Research definitions of child physical abuse and neglect: Current problems. In R.H. Starr, Jr. and D.A. Wolfe (Eds.). *The Effects of Child Abuse and Neglect: Research Issues.* New York: Guilford.

Zuravin, S.J. (1989a). The ecolody of child abuse and neglect: Review of the literature and presentation of data. *Violence and Victims*, 4, 101-120.

Zuravin, S.J. (1989b, October). Suggestions for operationally defining child physical abuse and physical neglect. Paper presented at the meeting on issues in the Longitudinal Study of Child Maltreatment, Toronto, Ontario.

Zuravin, S.J. (1988). Child maltreatment and teenage first births: A relationship mediated by chronic sociodemographic stress? *American Journal of Orthopsychiatry*, 50, 91-103.

Zuravin, S.J. (1986). Residential density and urban child maltreatment: An aggregate analysis. *Journal of Family Violence*, 1, 307-322.

Zuravin, S.J. and Greif, G.L. (1989). Normative and child maltreating AFDC mothers. *Social Casework: The Journal of Contemporary Social Work*, February, 76-84.

Zuravin, S.J. and Taylor, R. (1987). *Family Planning Behaviors and Child Care Adequacy, Final Report.* Washington, D.C.: U.S. Department of Health and Human Services, Office of Population Affairs.

Appendix A

RISK FACTOR MATRIX

NAME OF CHILD	CASE NUMBER	WORKER

FEMALE CARETAKER	RELATIONSHIP	MALE CARETAKER	RELATIONSHIP

Please rate the extent to which each of the elements below contributes to risk for the child in question. *Place a rating 0 to 5 (0 for NO RISK, 1 for LOW RISK, 3 for MODERATE RISK and 5 for HIGH RISK) by the element. If the assessed risk falls between low and moderate, rate the item a 2 (MODERATELY LOW). If the factor falls between moderate and high, rate the factor a 4 (MODERATELY HIGH). If the element is not applicable, put an "NA" in the box. If information is insufficient put a "9" in the box.* On the section assessing Caretaker Characteristics, two boxes ("F" means female, "M" means male) are provided so that more than one caretaker (identified by name and relationship above) can be rated. The initial assessment should be recorded in the boxes on the left. The follow up assessment should be recorded in the boxes on the right.

INITIAL ASSESSMENT DATE: FOLLOW-UP ASSESSMENT DATE:

RISK FACTOR:	NO RISK (0)	LOW (1)	MODERATE (3)	HIGH (5)
I. CHILD CHARACTERISTICS				
a. Age	18+	12 - 17	6 - 11	0 - 5
b. Physical/Mental/ Social Development	No physical, mental, social disability or developmental delay	Mild physical, mental, social disability or developmental delay	Moderate physical, mental, social disability or developmental delay	Profound physical, mental, social disability or developmental delay
c. Behavioral Problems (of Children)	Child displays no behavioral problems	Child is demanding and/or very active	Child is behaviorally disturbed, e.g., extremely aggressive oppositional, hyperactive	Child is severely behaviorally disturbed, e.g. assaultive, destructive psychotic
d. Self-protection	Actively resists abuse	Shows some consistent resistance to abuse	Displays little or occasional resistance to abuse	Accepts abuse without resistance
e. Fear of Caretaker or Home Environment	No fear of caretaker or home environment	Evidences mild doubt or concern about home environment	Evidences anxiety and discomfort about home environment	Extremely fearful about caretaker or home environment
II. SEVERITY OF CA/N				
f. Dangerous Acts	No acts that place child at risk of pain or injury	Acts which place child at risk of minor pain or injury	Acts which place child at risk of significant pain or moderate injury	Acts which place child at risk of impairment or loss of bodily functions
g. Extent of Physical Injury or Harm	No injury, no medical treatment required	Superficial injury, no medical attention required	Significant injury, unlikely to require medical intervention	Major injury or substantial effect on development requiring medical treatment
h. Extent of Emotional Harm	No emotional harm or behavioral disturbance related to CA/N	Minor distress or impairment in role functioning related to CA/N	Behavioral problems that impair social relationships or role functioning related to CA/N	Extensive emotional or behavioral impairment related to CA/N
i. Adequacy of Medical Care	Adequate routine and crisis care provided	Failure to provide routine medical, dental or prenatal care	Failure to provide medical care for injury or illness that usually should receive attention	Failure to provide treatment for a critical or life-threatening condition
j. Provision for Basic Needs	Food, clothing, shelter and hygiene needs all adequately met	Failure to provide for basic needs places child at risk of minor distress/discomfort	Failure to meet basic needs places child at risk of cumulative harm	Failure to provide for basic needs places child at risk of imminent harm
k. Adequacy of Supervision	Supervision meets normal standards appropriate to child's age	Lack of supervision places child at risk of minor discomfort/ distress	Lack of supervision places child at risk of cumulative harm	Lack of supervision places child at risk of imminent harm
l. Physical Hazards in the Home	No observable conditions in the home threaten the child's well-being	Conditions in the home place the child at risk of minor illness or superficial injury	Conditions in the home place the child at risk of harm that is significant but unlikely to require treatment	Hazards in the home environment place the child at risk of serious harm likely to require treatment
m. Sexual Contact	No sexual contact	Suggestive remarks and flirtation without clear sexual overtures or contact	Adult has pressured child, made sexual overtures, or engaged child in non-genital fondling or grooming	Adult has engaged child in sexual contact including masturbation, penetration or oral sex
I. CHRONICITY OF CA/N				
n. Chronicity of CA/N	Child has not been abused or neglected	Isolated incident of CA/N	Intermittent occurrences of CA/N	Repeated or ongoing pattern of CA/N (more than two occurrences in a short time span)
IV. CARETAKER CHARACTERISTICS				
CARETAKER F M				CARETAKER F M
o. Victimization of Other Children	No evidence of CA/N towards other children	Evidence of minor CA/N towards other children	Evidence of moderate CA/N towards other children	Evidence of serious CA/N towards other children

DSHS 14-262(X)(REV. 7/90) *54

Appendix A, continued

CARETAKER		RISK FACTORS	NO RISK (0)	LOW (1)	MODERATE (3)	HIGH (5)	CARETAKER	
		p. Mental, Physical or Emotional Impairment	No physical, mental or emotional impairment interferes with the capacity to parent	A physical, mental or emotional impairment mildly interferes with the capacity to parent	A physical, mental or emotional impairment interferes significantly with the capacity to parent	Due to physical, mental or emotional impairment, capacity to parent is severely inadequate		
		q. Substance Abuse	No past or present substance abuse	History of substance abuse but no current problem	Reduced effectiveness due to substance abuse or addiction	Substantial incapacity due to substance abuse or addiction		
		r. History of Domestic Violence or Assaultive Behavior	No domestic violence or assaultive behavior; no emotional, sexual or physical abuse of spouse/partner or other adult outside home	Isolated incident of domestic violence or assaultive behavior not resulting in injury	Sporadic incidents of domestic violence or assaultive behavior which result or could result in minor injury	Repeated incidents of assaultive behavior or single incident which results or could result in major injury		
		s. History of Abuse or Neglect as a Child	Was not abused or neglected as a child	Isolated incidents of abuse or neglect as a child	History of intermittent abuse or neglect as a child	History of chronic and/or severe abuse or neglect as a child		
		t. Parenting Skills and Knowledge	No noteworthy limitations in parenting skills and knowledge	Some unrealistic expectations of child and/or gaps in parenting skills	Significant gaps in knowledge or skills that interfere with effective parenting	Gross deficits in parenting knowledge and skills or inappropriate demands and expectations of child		
		u. Nurturance	Openly accepting and affectionate towards child, provides adequate stimulation	Inconsistent provision and expression of stimulation, acceptance and affection	Some deprivations but not openly rejecting or hostile	Severe rejection and/or deprivation of affection, attention and stimulation		
		v. Recognition of Problem	Open acknowledgement of problem and its severity and willingness to accept responsibility	Recognition of problem's existence and willingness to take some responsibility	Superficial understanding of problem but failure to accept responsibility for their own behavior	No understanding or complete denial of problem and refusal to accept any responsibility		
		w. Protection of Child	Caretaker willing and able to protect child and using good judgment	Caretaker willing but occasionally unable to protect child	Caretaker vacillates or is inconsistent about protecting child	Caretaker refuses or is unable to protect child		
		x. Cooperation with Agency	Caretaker appears receptive to social worker intervention.	Caretaker agrees to initial interview with social worker but does not take initiative in obtaining needed services	Caretaker passively/actively undermines interventive efforts and/or minimally involved in services.	Caretaker is extremely hostile to agency contact or involvement.		
		V. PARENT/CHILD RELATIONSHIP						
		y. Response to Child's Behavior or Misconduct	Caretaker does not overreact to child's behavior and child responds to limit setting	Caretaker occasionally responds inappropriately to child's behavior	Caretaker responds to child's behavior with frustration or helplessness, and child escalates misbehavior	Caretaker consistently responds abusively to child's behavior		
		z. Attachment and Bonding	Secure parent/child attachment	Mild discrepancies or inconsistencies are evident in the parent/child relationship	Child evidences an anxious or disturbed attachment to the parent	Complete lack of bonding between child and parent		
		aa. Child's Role in Family	Roles and responsibilities in family are assigned appropriately	Child is given inappropriate role with no immediately apparent detrimental effects	Child's role in family has detrimental effects on normal development	Child's role in family severely limits or prevents normal development		
		VI. SOCIAL ECONOMIC FACTORS						
		bb. Stress on Caretaker	No significant life stresses currently impinging on caretaker	Caretaker experiencing mild stresses	Caretaker experiencing moderate stresses	Caretaker experiencing multiple and/or severe stresses		
		cc. Employment Status of Providers	Employed at a level consistent with training and personal expectations or unemployed by choice	Currently underemployed or unemployed with immediate prospects for employment	Unemployed but with marketable skills and potential for employment	Unemployed with no prospects for employment		
		dd. Social Support for Caretaker	Frequent supportive contact with friends or relatives and appropriate use of community resources	Occasional contact with supportive persons; some use of available community resources	Sporadic supportive contact; underuse of resources	Caretaker emotionally isolated or social contacts are conflictual or negative		
		ee. Economic Resources of Caretakers	Family has more than enough resources to meet basic needs	Family's resources usually adequate to meet basic needs	Family's resources inadequate to meet basic needs	Family's resources grossly inadequate to meet basic needs		
		VII. PERPETRATOR ACCESS						
		ff. Perpetrator Access to (Abuse)/ Responsibility for Care of Child (Neglect)	Perpetrator has no access or responsible caretaker is available	Supervised access or shared responsibility for care of child	Limited unsupervised access or primary responsibility for care of child in non-supportive environment	Immediate, unlimited access or full responsibility for care of child		

OVERALL ASSESSMENT OF RISK: ☐ NO RISK ☐ LOW RISK ☐ MODERATELY LOW RISK ☐ MODERATE RISK ☐ MODERATELY HIGH RISK ☐ HIGH RISK

Throwing a Spotlight on the Developmental Outcomes for Children: Findings of a Seventeen-Year Follow-up Study*

by Martha Farrell Erickson
and Byron Egeland

Ashley showed up each day in her first grade classroom with uncombed hair, dirty clothes, torn shoes with no socks, and a jacket much too thin for the Minnesota winter. She often complained of being hungry and sometimes fell asleep in class. When asked if she had eaten breakfast before school, she said that she couldn't get her mom to wake up, and she wasn't allowed to "mess around" in the kitchen by herself. When the teacher tried to call Ashley's mother to express her concern, she discovered the phone had been disconnected. The social worker got no answer when she tried to make a home visit, and there was no response to notes left for Ashley's mother.

Eight-month-old Jeffrey's bedroom was equipped with an expensive crib, dresser, and changing table, with brightly colored sheets and curtains. But the fine furnishings were no comfort to Jeffrey, who was left to cry alone in his room day after day. Sometimes Jeffrey's mother would start to go to him, but his father would shout, "You're not going to turn my kid into a spoiled brat! You want him to be a wimp?"

While the bruises and scars of physical abuse are more readily apparent, the quiet assault of neglect often does at least as much damage to its young victims. Typically defined as an act

* The Minnesota Mother-Child Interaction Research Project is an ongoing study conducted at the Institute of Child Development, University of Minnesota. The study is supported in part by a grant from the National Institute of Mental Health (MH40864). Correspondence concerning this article should be addressed to Martha Farrell Erickson, Children, Youth and Family Consortium, University of Minnesota, 12 McNeal Hall of Home Economics, 1985 Buford Avenue, St. Paul, Minnesota, 55108.

of omission rather than commission, neglect is sometimes intentional and sometimes not. It is sometimes apparent (as in Ashley's uncared-for appearance) and sometimes nearly invisible until it is too late. Neglect is sometimes fatal, due to inadequate physical protection, nutrition, or health care. Sometimes, as in the case of "failure to thrive," it is fatal simply due to a lack of human contact and love. And sometimes neglect just slowly and persistently eats away at the child's spirit until she has little will to connect with others or explore the world. Recent research has begun to shed light on the long-term developmental impact of neglect. One such study is described here.

The Minnesota Mother-Child Interaction Research Project is an ongoing longitudinal study of high-risk children and their families. The project began in 1975 when 267 primiparous women who were in their last trimester of pregnancy were enrolled in the study. The research traces the development of the children and families, examining both the antecedents and consequences of good and poor quality care within the high-risk sample. Some of the factors that place the children at risk for poor developmental outcomes and the parents at risk for maltreating their children include: the poverty level of the families; mother's age at the time of the birth (mean = 20 years, range 12 to 34); low maternal education level; marital status (62 percent were unwed at the time of the birth of their child); and stressful life circumstances (e.g., frequent moves, high levels of conflict).

Within the larger study examining the whole continuum of care, we have examined antecedents and consequences of specific subtypes of child maltreatment, including neglect. From this sample of high-risk families, four maltreatment groups were identified: physical abuse, neglect, verbal rejection, and psychological unavailability, which is the term we use to refer to a form of emotional neglect. In the remainder of this chapter, we describe the development outcomes of the children who were physically and emotionally neglected. (These findings have been presented in detail in several earlier publications. The findings regarding the quality of attachment and adaptation during toddlerhood for all of the maltreatment groups were described in detail by Egeland and Sroufe [1981]. Their adaptation during the preschool years was reported by Egeland, Sroufe, and Erickson [1983], and the early school adjustment of the maltreated children was presented in a chapter by Erickson, Egeland, and Pianta [1989].)

Identifying Physical Neglect and Psychological Unavailability

In a broad sense, neglect is typically defined as failure to provide for children's basic physical needs, which include food, shelter, clothing, medical care, and protection from danger. An increasing number of states are including in their definition a failure to provide for the psychological needs of the children. This would include a lack of nurturance and affection; social and emotional support; verbal, intellectual and cultural stimulation, psychological involvement and social interaction; and socialization. In our studies of the consequences of different patterns of maltreatment, we have looked at the effects of both physical and emotional neglect, which we refer to as psychologically unavailable caretaking.

Altogether we identified 44 children out of the total sample of 267 who were physically abused, neglected, abandoned, or in other ways maltreated during the first two years of life. The maltreatment was identified from the information collected through home and laboratory visits. The mothers and infants were observed in their homes in a feeding situation at three months and a feeding and play situation twice in six months. A home visit was made at nine months, and a home and laboratory visit were made at twelve months. All of the families judged to be maltreating their children were reported to child protection (if they were not already a protection case) and/or public health agencies.

Twenty-four families were identified as *neglecting* their children. These parents did not adequately provide for the physical needs of their children in terms of food, clothing, shelter, and proper medical care. The physical environments of the homes were often unsafe for young children, and the children were not adequately supervised or protected. Nineteen mothers were in the *psychologically unavailable* group. They were observed to be emotionally unresponsive to their children, consistently failing to provide adequate nurturance. When their children cried or showed signs of distress, the mothers did not comfort or respond to them. When the children attempted to elicit positive social responses or wanted to share in the joy of a positive experience, the psychologically unavailable mothers would not respond. These mothers in general displayed little affect, enthusiasm, interest, or delight in interacting with their children. Interaction and social contact between mothers and their children were minimal. (Note that there was some overlap among maltreatment groups. Ten mothers were classified as both neglecting and psychologically unavailable.)

Measures of Child Competence and Developmental Adaptation

Within a developmental framework, we used assessment procedures that were broad-based and comprehensive. We assessed the children at 12, 18, 24, 42, and 54 months, and we obtained detailed teacher information on the children in preschool and the school years. The procedures used at each age were based on the salient development issues at that period. During the infancy period (12 and 18 months), we assessed the quality of the attachment between mother and infant. Attachment is an enduring emotional bond that develops slowly over the first year of the infant's life. This attachment relationship serves a biological function in that the young infant is totally dependent on his/her caretaker for survival. It is through this early relationship that the infant develops a sense of trust and confidence.

The quality of attachment was assessed using Ainsworth's Strange Situation procedure. Within this paradigm, infants are classified as securely attached if they display good quality play in the presence of their mother. They have confidence in the availability of their mother as a secure base from which to explore. *Securely attached* infants usually will show some distress when the mother leaves, and the quality of their play and exploration will deteriorate. When the mother returns, the securely attached infants are comforted and return to play. Children who do not have a secure attachment fall into one of two categories of anxious attachment. The infants classified as *anxious-avoidant* appear more interested in the toys than in the mother. They do not appear distressed upon separation, nor do they show pleasure or a sense of comfort upon mother's return. Anxious-avoidant infants have adapted to inadequate care by avoiding emotional contact. Their quality of play is poor, regardless of whether mother is present or absent. A second group of anxiously attached infants is called *anxious-resistant or ambivalent*. Rather than avoiding emotional contact with the caretaker, this group is preoccupied with the whereabouts of the mother. They are not interested in play even when mom is present; they are upset at separation; and they can't be comforted by the mother upon reunion.

The salient developmental issues during the toddler period have to do with the emergence of independence and self-awareness, one sign of which is negativism and oppositional behavior typical of two-year olds. At two, the child should be

interested in and enthusiastic about exploring the environment, but if faced with a difficult problem the competent toddler should feel confident in approaching the caretaker for help. The procedure used to assess competence at this age involves the toddler (mother is also present) in a series of problem-solving situations of increasing difficulty. The mother is rated on quality of support, and the child is rated on such variables as positive and negative affect, self esteem, persistence, dependence, and compliance.

The major developmental tasks of the preschool age child involve socialization, self control, autonomous functioning, and the ability to cope with frustration. At 42 months, the child's ability to cope with frustration is observed in a Barrier Box Situation. The child is rated on ego control, withdrawal, flexibility, creativity, self esteem, affect, dependency, and persistence. Also, at 42 months, we observe the child in a teaching situation with the mother. In this situation, the mother's ability to teach and relate to her child is rated along with the child's affect, enthusiasm, compliance, persistence, affection, and avoidance toward the mother. For the children who attended preschool or child care, independent observations of the child were made by a member of our staff, and the teachers completed rating scales and checklists.

In kindergarten, first, second, third, and sixth grades we looked at the child's overall adjustment and adaptation as well as academic success, work habits, peer acceptance, and self confidence. The child's teacher was asked to fill out the Devereux Elementary School Behavior Rating Scale and the Achenbach Child Behavior Checklist. In addition, the teacher was interviewed about the child's school adjustment and behavior.

Consequences of Neglect

At 12 months, 67 percent of the neglected children were anxiously attached. This is more than the percentage in any of the other maltreatment groups and dramatically more than the 33 percent anxiously attached in the comparison group of well-cared for children within the total high-risk sample. For the children in the neglect group there was a shift in attachment classifications between 12 and 18 months, with 45 percent classified as anxiously attached (compared to 29 percent in the control group).

At 24 months, the children in the neglect group were rated in the Tool Use Situation as unable to cope, noncompliant, and easily frustrated compared to the children in the control group. In the Barrier Box Situation at 42 months, they were rated low on self-esteem and self-assertion, ego control, flexibility, and creativity. They withdrew from the situation and, in general, had a difficult time dealing with frustration. On the Teaching Task Situation they lacked persistence and enthusiasm. Compared to the control group, the neglected children were more negative and reliant on their mothers, and they showed little affection toward them.

The neglected children continued to have difficulty coping as they went through preschool. In the Curiosity Box Situation, they were more dependent than children in the control group. On the WPPSI (Wechsler Preschool and Primary Scale of Intelligence) they earned lower scores on the comprehension, vocabulary, and animal house subtests as well as on the total for the four administered subtests. In preschool they were observed to be dependent, lacking in ego control, and had a number of problems coping. From infancy through the preschool period, a pattern had already emerged. The children in the neglect group were dependent and had a difficult time coping. They lacked enthusiasm and interest in their environment and were delayed in a number of different areas.

In early elementary school the neglected children displayed severe problems in a variety of different areas. The teachers rated the neglected children on the Devereux Scale as extremely inattentive, uninvolved, reliant, lacking creative initiative, and having much more difficulty comprehending the day-to-day school work as compared to children in the control group. They were impatient, disrespectful, expressed anxiety about their school work, and were more likely to make irrelevant responses in the classroom. The results were similar on the teachers' rating of the children on the Achenbach Child Behavior Checklist. The neglected children were rated higher on the internalizing, externalizing, and total score compared to the control group. The neglected children were seen as both aggressive/acting-out as well as passive/withdrawn. On the individual scale the neglected children were rated as anxious, withdrawn, unpopular, aggressive, and obsessive-compulsive. Not only did they present far more problems than children in the control group, they also presented more problems than children in the physical abuse group. The neglected children showed poor emotional health

and a lack of social competence on the teachers' rank order of children in their classrooms. The kindergarten teachers described the neglected children as constantly seeking approval, having extremely poor work habits, and being unable to work independently. In general they were characterized as having extreme difficulty adjusting to kindergarten. As they progressed through school, they were functioning poorly and had difficulty coping with the demands of school. The severity of their difficulties was indicated by the fact that by sixth grade all were referred for special help, and 58 percent had been retained in their first two years of school.

Consequences of Psychological Unavailability

The failure of a child's caretaker to provide the necessary emotional responsiveness has devastating consequences on the early development of the child. A disproportionately high number of children in the psychologically unavailable group were anxiously attached. Most disturbing was the sharp increase in the number of anxiously attached children from the 12 to 18 month assessment. Whereas at 12 months 44 percent of the children in the psychologically unavailable group were anxiously attached (39 percent in the anxious-avoidant group), by 18 months *none* of the children in this group was securely attached (86 percent were avoidant). Clearly, the failure to adequately nurture and emotionally respond to the infant resulted in the infant's coping through a pattern of avoiding emotional contact (as if, "I'm going to reject her before she can reject me again").

The children in the psychologically unavailable group continued to show a sharp decline in development from infancy through the toddler period. At age two in the Tool Use Situation they were angry, frustrated, noncompliant, and they displayed much negative affect. They were unhappy children who were extremely frustrated and angry as a result of the caretakers' failure to provide the children with adequate nurturance, support, and reassurance. The steep decline in functioning also was noted on their performance on the Bayley Scales of Infant Development. Between 9 and 24 months children in the psychologically unavailable group went from a score of 121 to 83. This test is a measure of the infant's cognitive development and samples such behaviors as language comprehension, object permanence, perceptual discrimination, and fine motor skills. At least through the toddler period the

lack of emotional responsiveness severely affected the child's social, emotional, and cognitive development.

The decline in functioning continued at 42 months when the children in the psychologically unavailable group displayed problems in a number of areas. In a Teaching Task Situation they lacked persistence, enthusiasm, were noncompliant, negativistic, and avoidant of the mother. For those children who were observed in preschool the problems appeared to worsen. They were low on ego control, compliance, and were high on dependency and negative emotional tone compared to children in the control group. Some of the children in this group displayed a number of behavioral disorders and pathological symptoms, such as inappropriate affect.

The Curiosity Box Situation, administered at 54 months, tapped fewer differences between the psychologically unavailable group and others in the sample. However, children in this group showed less involvement in a task than children in the control group.

In early elementary school these children displayed varied problems. Teachers' ratings on the Devereux and Achenbach measures indicated that the children in the psychologically unavailable group were more aggressive, disrespectful, defiant, and noncompliant than the control group children. They were rated higher than children in the control group on the classroom disturbance scale of the Devereux and on disrespect and classroom disturbance factors which are based on our own factor analysis. Children in the psychologically unavailable group were rated on the Achenbach Child Behavior Checklist as aggressive, unpopular, nervous and overactive, and they obtained higher scores on the externalizing scale and the total behavior problem score compared to the control group. Teachers' rankings of children with their peers indicated that children in the psychologically unavailable group were lower on social competence than children in the control group. In sixth grade the problems continued, and the children were described by teachers as withdrawn, unpopular, inattentive, and low in achievement.

Discussion

One surprising finding of the Minnesota Mother-Child Interaction Research Project was the high incidence of neglect, physical abuse, and other forms of maltreatment found in this high risk sample. As we got to know the families, we were

struck by the extent of physical and sexual abuse and violence in the homes, as well as neglect, parental rejection, psychological unavailability, and abandonment. One definite conclusion that can be drawn from nineteen years of detailed study of our families is that the incidence of abuse, neglect, and other forms of maltreatment is far greater than figures commonly reported based on child protection and hospital reports. All of the maltreating families in our sample have been reported to child protection; however, in many cases child protection determined that the situation was not serious enough to warrant intervention. We have found that all of our children classified as being neglected have suffered severe developmental consequences. The effects of neglect on the development of the child are no greater for the official child protection cases than those that do not become official cases. The number of substantiated neglect cases in our society would be significantly higher if the definition of neglect was stated in terms of the consequences for the child. We believe that the high rate of violence, sexual abuse, and neglect found in our high-risk sample is typical for high-risk poverty samples across the country. (Likewise, the rate is probably higher in middle and upper SES groups than typically is believed.)

Many poverty families are isolated. They lack support and contact with their extended families, friends, communities, and social agencies. If maltreatment occurs in the isolated family, it generally goes undetected unless the child suffers serious injury or neglect requiring hospitalization. In most neglect and psychologically unavailable cases, hospitalization does not occur except for failure to thrive in infancy and malnutrition at a later age. The problems of the neglected child usually do not come to anyone's attention until the child enters school. Even then, neglected children often do not come to anyone's attention, particularly if they are in a school serving poverty neighborhoods where it is not uncommon to fail academically and have difficulty coping. Unfortunately, if the children have been neglected since birth and the problems are not identified until they enter school, severe damage already has been done.

The pervasiveness of the problem of maltreatment is particularly sobering in view of our findings that *all* of the children whose parents physically neglected and/or were psychologically unavailable showed severe consequences resulting from the maltreatment. Starting with the assessment of the quality of attachment at 12 months, a higher proportion of the children in neglected and psychologically unavailable groups were anxiously

attached compared to the control group which consisted of families from the same high-risk sample. At each assessment from infancy through kindergarten, increasing numbers of maltreated children were functioning poorly, and their problems became more severe. The important point is that all children were eventually affected, and as the children got older the severity of the maladaptation increased. Some of the maltreated children were more resilient than others, but none of them was invulnerable to the effects of neglect or psychologically unavailable parenting (Farber and Egeland, 1987).

Recently there has been considerable interest in invulnerable and/or stress-resistant children. It has been suggested that certain children are invulnerable to the effects of traumatic experiences, including abuse and neglect. We have not found any evidence to support the idea of invulnerability. All of our children who have been maltreated, including those who have been neglected, were clearly damaged by the maltreatment. There is a range of outcomes; however, all children display adverse effects.

Some investigators would disagree with our findings and argue that some children are not adversely affected by maltreatment. The reason some investigators have failed to find effects for all maltreated children is that they assessed development at one point in time rather than longitudinally, and they assessed a narrow band of functioning (e.g., anger) rather than comprehensive assessments based on the salient developmental issues of a particular age.

One reason we found such pervasive and severe consequences of neglect and psychologically unavailable parenting is that the children were assessed longitudinally across different developmental periods, and the assessments were broad based. We examined the child's adaptation across a number of different areas rather than looking at a few specific areas. We found different patterns of maladaptation at different ages. Many of our neglected children had difficulty coping in school; some lacked competence; some were angry; and, some had low IQs. The patterns of maladaptation were not identical; however all showed ill effects in some area of development, and by they time they were of school age the effects were severe.

One problem in studying the consequences of neglect is separating out the effects of poverty from actual neglect. The

environment of the neglected child is generally one of poverty. This environment is often chaotic, disorganized, disruptive, and typically there is a lack of structure and adequate stimulation that are essential for fostering the child's optimal development. The high life stress, lack of resources, and lack of community and social support that typically accompany poverty make it difficult to provide adequate care for a child under the best of circumstances. All of these factors adversely affect the child's development, and they must be considered in attempting to determine the effects of maltreatment. For the vast majority of abusing and neglecting families, the maltreatment is not an isolated event within an otherwise normally functioning family (Erickson, Egeland, and Pianta, 1989). The negative consequences of neglect and psychologically unavailable caretaking reported in this paper were based on comparing these groups and a control group from the same high-risk sample. By comparing the maltreated children with a control group from the same high-risk poverty sample, we were able to show that the maltreated children had significant problems beyond the problems related to poverty.

In summary, the children who were neglected were having a difficult time coping with the academic and social demands of school. The problems become most obvious in school and compared to all maltreatment groups, including physical abuse, the neglected children were having the most difficult time in school. We found delay in all areas of development examined (social, emotional, and cognitive), which is consistent with the findings of Hoffman-Plotkin and Twentyman (1984) and others. Neglected children lack persistence, initiative, and the confidence to work on their own. They are highly dependent on the teacher, but often have a difficult time asking the teacher for help. They are somewhat helpless, passive and withdrawn, and at times angry. In a number of instances, the neglected children were ranked by their teachers at the very bottom of their class in popularity, which means that they were isolated and ostracized. In most every area assessed (e.g., academic skills, work habits, and social skills) we found the neglected children to be functioning poorly in school.

There are many reasons why these children are doing poorly in school, one of which has to do with the lack of stimulation they received during the toddler and preschool period. This deprivation is likely to affect their cognitive and language skills as well as other areas of development. Socially, they have a

difficult time working cooperatively and seeking help when appropriate. Emotionally, they can't cope with the demands and frustration of school. The deprivation affects self-esteem in that they have not developed an attitude and belief that they can master their environment. Related to the deprivation is the fact that the homes of the families that neglect their children tend to be highly disorganized and chaotic. This unstructured, unpredictable environment fails to provide the child with a situation where he/she can learn to manage, cope, and master his/her environment. Thus, these children lack confidence in approaching problems.

The developmental outcomes for emotionally neglected children, or as we refer to it, psychological unavailability, differed somewhat from the outcomes observed for the physically neglected children. Where the latter group had difficulty coping and showed delays in most every area of development, the children of psychologically unavailable parents were more likely to show signs of psychological maladjustment and pathology. The most disturbing finding was the steep decline in development noted for the children in this group. The children of psychologically unavailable parents were robust, healthy babies who, at nine months were above average on the Bayley Scales Infant Development, and at 12 months many were securely attached. In a short period of time they showed nearly a 40 point decline on the Bayley, and by 18 months none of these children was securely attached.

These children have coped with their lack of emotionally responsive parenting by avoiding emotional contact. The long term consequences of this pattern of adaptation are bleak. Based on the work of Bowlby and other attachment experts, one could speculate that, as adolescents and adults, these children will have a difficult time maintaining an intimate relationship. They are likely to be at risk for depression or have problems with aggression and self-control. (As we now assess our sample in adolescence, we will be answering these questions.) Anxious-avoidant children learn at an early age that their emotional needs are not met, which results in a feeling that they are not valuable human beings. They learn not only that they can't trust the adults who should care for them, but also that they are powerless to solicit the care they need. Although they sometimes appear to function in an independent fashion, upon closer inspection it is apparent they do not have the confidence to adequately explore or to cope with the demands of the environment. At an early age their par-

ents were not available to protect them and serve as a secure base for exploration; thus their ability to learn from the world around them is undermined.

As described elsewhere, our research also has begun to untangle some of the complex factors that underlie neglectful parenting. For example, we have examined the differences between maltreating mothers and those who provide good care for their children, despite poverty and risk factors associated with it. Maltreating mothers (all types of maltreatment combined) lacked understanding of their child's behavior and the complexities of parent-child relationships. They tended to engage in "all-or-nothing" thinking rather than recognizing ambiguities. Compared to non-maltreating mothers, they also experienced high levels of stress, were socially isolated or unsupported, and had a history of inadequate care in their own childhoods. Physically neglectful mothers in particular tended to be functioning at a relatively low intellectual level, had considerable disorganization in their homes and daily lives, and were very tense. On the other hand, psychologically unavailable mothers were notably distrustful and reported a high level of anger, confusion, and depressive symptoms (Pianta, Egeland, and Erickson, 1989).

Any attempts to prevent neglect—or to treat neglecting families—must take into account these personal and environmental variables. (In fact, the same factors that predispose parents to neglect their children can make it challenging for professionals to work with those families.) Insights from studies of neglecting families can guide preventative intervention efforts, as they have in our own work through the STEEP program (Steps Toward Effective, Enjoyable Parenting). Building on what we have learned through our previous research, STEEP uses a combination of home visits and group sessions to enhance parents' understanding of their relationships with their child, encourage life management skills, strengthen support networks, and explore how the parents' own childhood experiences influence their responses to their children. At the core of the program is a relationship between the STEEP facilitator and the parent that, for many participants, provides a new model of trust and acceptance. (See Erickson, Korfmacher, and Egeland, 1992, for a detailed discussion of the STEEP program.)

In summary, the severe consequences of both physical and emotional neglect are cause for great concern. The number of

children affected is likely to be far greater than the incidence figures based on child protection and hospital records. The picture becomes even more distressing when one considers the difficulty in identifying neglect, particularly emotional neglect as we have defined it. Lack of emotional responsiveness (psychological unavailability) is a pattern of maltreatment that has devastating consequences for the child, but unfortunately it is easily overlooked. The cumulative malignant effects of neglect—both physical and emotional forms—are such that society must devote increasing efforts to identifying, preventing, and intervening.

Bibliography

Egeland, B. and Sroufe, L.A. (1981). Attachment and early maltreatment. *Child Development*, 52, 44-52.

Egeland, B., Sroufe, L.A., and Erickson, M.F. (1983). Developmental consequences of different patterns of maltreatment. *Child Abuse and Neglect*, 7(4), 459-469.

Erickson, M.F., Egeland, B., and Pianta, R. (1989). The effects of maltreatment on the development of young children. In D. Cicchetti and V. Carlson (Eds.), *Handbook for Research on Maltreatment*. Boston, Mass.: Harvard University Press.

Erickson, M.F., Kortmacher, J., and Egeland, B. (1992). Attachments past and present: Implications for therapeutic intervention with mother-infant dyads. *Development and Psychopathology*, 4, 495-507.

Farber, E.A. and Egeland, B. (1987). Invulnerability among abused and neglected children. In E.J. Anthony and B. Cohler (Eds.), *The Invulnerable Child* (pp. 253-288). New York: Guilford Press.

Hoffman-Plotkin, D. and Twentyman, C.T. (1984). A multimodal assessment of behavioral and cognitive deficits in abused and neglected preschoolers. *Child Development*, 55, 794-802.

Pianta, R., Egeland, B., and Erickson, M.F. (1989). Results of the Minnesota Mother-Child Interaction Research Project. In D. Cicchetti and V. Carlson (Eds.), *Handbook for Research on Maltreatment*. Boston, Mass.: Harvard University Press.

Testing Two Innovative Approaches: Summaries of Practice Project Presentations Given at the Conference

1. Amplifying Choice for Neglecting Families: Early Findings from a Research Study, by Philip AuClaire

The Hennepin County Family Options Demonstration Project is a community collaborative to prevent child abuse and neglect. In this project, families who are judged by child protection services (CPS) as being at risk for continued child abuse or neglect are offered the opportunity to voluntarily receive prevention and early intervention services—which the family selects from a menu of services—for up to twelve months. The services are offered by a variety of community-based social service agencies. These are families who are not appropriate for ongoing CPS field services for a variety of reasons, including insufficient evidence to substantiate maltreatment, or maltreatment that was not serious enough to warrant involuntary CPS involvement.

The families who choose to participate develop their own service plans with the assistance of a host community service agency which the family selects. The family develops a contract with this host agency to purchase services that address the concerns identified by CPS. They may choose among services offered by eleven participating agencies. These services include: family preservation, such as intensive in-home services; respite care; special needs day care; parenting education and training; day treatment; mental health care; crisis intervention (such as parents anonymous, crisis nursery, and emergency hotline); early childhood developmental services; substance abuse treatment; homemaker services; child and parent home visitors; case management; consumer education; and family advocacy.

The project, which is a collaborative effort involving Hennepin County Children and Family Services Department, the McKnight Foundation, and a network of community-based social service agencies, allocates $3,500 for each family. The host agency receives $500 for initial case management and ongoing

consultation, and $2,700 is allocated to cover the cost of services the families select from the participating agencies. If the family is below the state median income, they may also receive up to $300 to meet pressing basic needs. During the current demonstration phase of the project, 144 families are participating in the treatment group and 141 families are assigned to control groups. One hundred families were included in the pilot phase, which began in 1992.

Family Options is attempting to demonstrate that the voluntary use of community-based services by families at risk of continued child abuse and/or neglect is both feasible and effective and that public and private investment in such an approach is warranted. It grew out of the nationally-identified concern that child protection services cannot meet the needs of the families and children coming into that system. Both the National Commission on Child Welfare and Family Preservation and the National Association of Public Child Welfare Administrators encourage the development of an array of community-based preventive and early intervention services that are collaboratively provided by the public and private sectors.

The demonstration phase of the project began in 1993 and continues through 1995. To receive more information about the project, contact Philip AuClaire, Hennepin County Children and Family Services Department, Health Services Building, 525 Portland Avenue South, Minneapolis, MN 55415.

2. Empowering Families to Disconnect from Public Agencies as they Find Resources Within their Own Communities, by Nancy Schaefer and Charles E. Jackson

Project Empowerment is a collaboration between Family and Children's Services in Minneapolis and Hennepin County Child Protection Services. It is a four-phase treatment program which provides services to families who have been identified as having issues of chronic neglect. Through a combination of group work, home-based services, and peer support services, Project Empowerment helps families to focus on their strengths while taking an active role in resolving the issues that have contributed to their involvement in Child Protection Services (CPS). Families may be referred by Hennepin County social workers if the family has had a neglect case open with CPS for at least eighteen months or had three or more reports of neglect to CPS within twelve months.

The treatment, which lasts for nine months, includes weekly group meetings—which begin with an early evening meal for the families and staff—and visits at least weekly by the Project Empowerment case manager. Families proceed through the phases of the program as members of a cohort which can include up to twelve families.

The phases are as follows:

Phase 1. Assists families to understand and improve parenting skills.

Phase 2. Provides families with training in becoming their own case managers so that they are able to use their skills to access resources independently within their own communities.

Phase 3. Provides a decision-making practicum during which families begin to implement what they have learned in Project Empowerment as they function in their daily lives. Families practice their skills with a $300 stipend available to use for goods and services which they decide are appropriate for their family's purposes.

Phase 4. Provides a unique opportunity for the cohort members to reinforce their positive experiences while, at the same time, serving as mentors for a new group of families that begin participation in the project.

The involvement of the entire family in the treatment plan acknowledges the importance of all family members being invested in change. The diversity of the cohort is embraced, further strengthening the self-worth of participants and the openness of the families to finding support for themselves within their communities. Holidays, program graduations, and other special events are celebrated by the cohort, giving families the opportunity to learn the importance of developing positive rituals. Community people such as storytellers, dancers, and speakers are brought in to the weekly meetings to interact with the families.

Collaboration between Project Empowerment staff and CPS is an important feature of the project. Project Empowerment staff and the CPS social worker meet monthly to review the family's progress and to develop strategies for resolving problems. CPS workers have the opportunity to hear about progress and successful experiences of their clients who may have had a

history of service failures. The CPS worker is then able to reinforce these efforts in future client contacts.

At the same time, the collaboration has presented challenges, and there have been disagreements between CPS and the Project Empowerment staff about the assessment of the family situation or about the role that the other professionals should play in their interactions with the family. Care must be taken by the professionals to avoid replicating the dysfunction of the client family within their working relationships, and to avoid developing a coalition with the family against the other professionals or with the other professionals against the family.

The project, which began in 1991, is currently providing services to the fifth cohort. Issues presented by families upon referral include homelessness, medical neglect, educational neglect, a history of chemical dependency, failure to protect children from physical and sexual abuse, and depression. Some families are the second and third generations involved with CPS. Many families struggle daily with the issues of poverty. The program has evolved over time to incorporate the needs of this population while maintaining the mission to assist these families to be able to look for and access services within their communities.

Project Empowerment has provided services to fifty-eight chronically neglecting families open in Hennepin County Child Protection Services. Of these families, twenty-two have successfully completed the program and eight families are still actively involved in the current cohort. To date, fifteen of the twenty-two families who completed the program (28 percent) have required minimal county agency services and most have had their child protection cases closed with no further opening for services. Most of the majority of the children who had been in out-of-home placement are successfully returned to their families at the end of the family's involvement in Project Empowerment. These measures are remarkable given the chronicity of the problems experienced by these families and the long-term involvement of these families with county social services.

To receive more information about the project, contact Philip AuClaire, Hennepin County Children and Family Services Department, Health Services Building, 525 Portland Avenue South, Minneapolis, MN 55415.

Contributors

Philip AuClaire, Ph.D.
Office of Planning and Evaluation,
Hennepin County Community Services, Minneapolis

Sandra Beeman Ph.D.
Assistant Professor and Director of Research,
Center for Advanced Studies in Child Welfare,
School of Social Work, University of Minnesota

Laura Boisen, M.S.W., M.P.A.
Research Fellow, School of Social Work,
University of Minnesota

Byron Egeland, Ph.D.
Professor, Institute of Child Development,
University of Minnesota

Diana English, Ph.D.
Director of Research, Washington State Department
of Social and Health Services, Seattle

Martha Farrell Erickson, Ph.D.
Director, Consortium on Children, Youth and Families,
University of Minnesota

Jeanne Giovannoni, Ph.D.
Professor, School of Social Welfare,
University of California—Los Angeles

Charles E. Jackson
Supervisor, Project Empowerment,
Family and Children's Service of the Greater Metropolitan Area,
Minneapolis

Nancy Schaefer, M.S.W.
Child Protection Division, Hennepin County
Children and Family Services, Minneapolis

Esther Wattenberg, M.A.
Chair of the Conference Advisory Committee
Director, Center for Advanced Studies in Child Welfare
Professor Emeritus, School of Social Work
Coordinator for Community and Social Services,
Center for Urban and Regional Affairs,
University of Minnesota